DOCUMENT RESUME

ED 302 033 EC 211 830

TITLE	An Integrated System of Services and Support for the Preschool Handicapped Child. Information for Head Start and School District Collaboration.
INSTITUTION	Oak Harbor School District, WA.; Portland State Univ., Oreg.; Tacoma Head Start, WA.; Washington Office of the State Superintendent of Public Instruction, Olympia.
SPONS AGENCY	Administration for Children, Youth, and Families (DHHS), Washington, D.C.
PUB DATE	84
GRANT	HHS-10CH0104/03
NOTE	274p.; Document printed on yellow-colored paper.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC11 Plus Postage.
DESCRIPTORS	Agency Cooperation; *Cooperative Programs; Definitions; *Delivery Systems; *Disabilities; Intervention; Mainstreaming; *Preschool Education; *Public Education; *School Districts
IDENTIFIERS	*Project Head Start

ABSTRACT

The manual is intended to encourage Head Start program and school district collaboration in providing an integrated system of services and support for the preschool handicapped child. The introduction identifies specific benefits of collaboration followed by a list of definitions of common terms used by the Head Start programs and school districts. Head Start and school districts are then compared in terms of: differences and commonalities, program philosophy, program goals, program eligibility, program services, staffing, funding, and beliefs and assumptions which might inhibit cooperation. The next section looks at ways of making collaboration work in subsections concerned with types of collaboration, taking steps toward collaboration, elements of agreements, procedures for developing contractual agreements between Head Start Agencies and local school districts; roles in collaboration (building an integrated support and services system), identification, evaluation, services, non-educational services, and sample placement and service decisions. Over half the document consists of appendixes including information on laws pertaining to services to handicapped preschool children in Head Start and school districts, Head Start income guidelines, Head Start diagnostic criteria, referral placement, sample forms, and a sample Head Start School District agreement and contract. (DB)

****

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

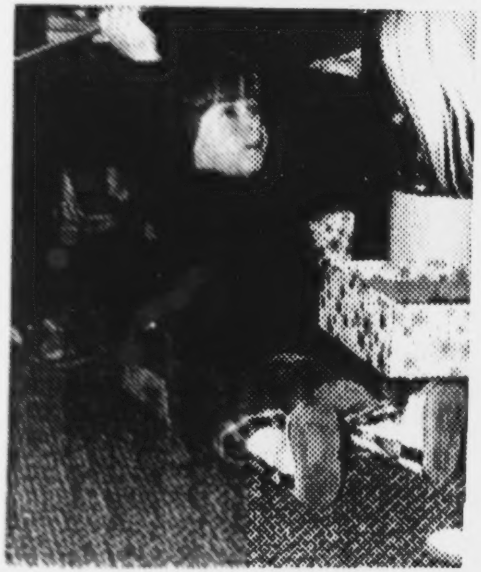
****

4

ED302033

AN INTEGRATED SYSTEM OF SERVICES AND SUPPORT FOR THE PRESCHOOL HANDICAPPED CHILD

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.



Information for Head Start and School District Collaboration

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
John C. Rutherford

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC211930

2

AN INTEGRATED SYSTEM
OF SERVICES AND SUPPORT
FOR THE PRESCHOOL HANDICAPPED CHILD

INFORMATION FOR HEAD START AND SCHOOL DISTRICT COLLABORATION

Sherry Fakkema
Preschool Coordinator
Oak Harbor School District

Gwen Caggiano Salesky
Handicap Coordinator
Tacoma Head Start

Mary Perkins
Project Coordinator
Portland State University
Resource Access Project

Joan Gaetz
Early Childhood Coordinator
Office of the Superintendent
of Public Instruction

Frank Jones
Head Start Bureau Chief
Region x
Administration for Children, Youth and Families

This manual was developed under Grant No. H.H.S. 10CH0104/03 for the Administration for Children, Youth, and Families, Region X.

ACKNOWLEDGEMENTS

As is usual with any project of this magnitude, there were many more people who contributed to the development of this manual than just the "authors." We therefore gratefully acknowledge:

FOR .... Grants Management

Bette Peterson and Barbara Barger

FOR .... Word Processing and Typing

Karen Hyman, Terry Leyden, Lisa Plaquet, and Sonja Peterson

FOR .... Graphics

Ed Fakkema

FOR .... Input and Ideas

Soosi Baxter, Bill Cassidy, Aggie Coates, Jada Rupley, and Karen Small

FOR .... Direction and Support

Carillon Olmsted

TABLE OF CONTENTS

page

Introduction 1

  Benefits of Collaboration 4

Definition of Common Terms Used by Head Starts and School Districts 6

Head Start and School Districts: More Alike Than Different 16

  Differences and Commonalities 18

  Program Philosophy 19

  Program Goals 20

  Program Eligibility 22

  Program Services 25

  Staffing 27

  Funding 29

  Beliefs and Assumptions Which Might Inhibit Cooperation 31

Making Collaboration Work 35

  Types of Collaboration 37

  Taking Steps Toward Collaboration 39

  Elements of Agreements 40

7

page

Procedures for Developing Contractual Agreements Between Head Start Agencies and Local School Districts 42

Roles in Collaboration: Building an Integrated Support and Services System 44

Identification 48

Evaluation 51

Services 53

Non-Educational Services 57

Sample Placement and Service Decisions 59

Appendix 1: The OSPI/ACYF Collaborative Agreement 60

Appendix 2: Laws Pertaining to Services to Handicapped Preschool Children in Head Start and School Districts 62

Appendix 3: Head Start Income Guidelines 83

Appendix 4: Head Start Diagnostic Criteria 86

Appendix 5: WAC Eligibility Criteria 90

Appendix 6: Referral and Placement 96

Appendix 7: Sample Forms 101

Appendix 8: Application for Approval as Non-Public School Agency 150

Appendix 9: Sample Head Start-School District Agreement and Contract 164

Appendix 10: Bibliography of Materials on Collaboration 172

INTRODUCTION

"...no single agency has the capability of providing all services for handicapped children..."

Interagency Agreement Between the State of Washington Office of the Superintendent of Public Instruction and the Department of Health and Human Services, Region X Administration for Children, Youth and Families

"Action rightly renounced brings freedom:
Action rightly performed brings freedom:
Both are better
Than mere shunning of action."

T.S. Eliot

The enactment and implementation of Public Law 94-142 expanded the availability of services to children with handicapping conditions and at the same time, increased public school responsibilities for serving a greater range of these children. Paralleling this expansion was the 1973 Head Start mandate that 10% of Head Start enrollment be made available for services to children with handicapping conditions in an integrated or mainstream setting.

In 1978 these mandates converged in the form of a memorandum issued jointly by the Administration for Children, Youth, and Families and the Bureau for the Education of the Handicapped. This memorandum urged Head Start programs to work collaboratively with both state and local education agencies in the identification and development of services to the preschool handicapped population. Regional Head Start Bureaus, State Education Agencies, and Resource Access Projects began negotiating collaborative agreements outlining the roles of state and local Education Agencies and Head Start in providing services to preschool children. Such an agreement was negotiated and signed in Washington in 1980 and many local agreements for a variety of services followed.

School districts, under 94-142 and permissive state legislation, had the responsibility for identifying preschool handicapped children but served them only by choice. In many communities, services were provided by Head Start or other community based agencies. Legislation, however, brought a change to these service responsibilities.

The implementation of Washington's Preschool Mandate in 1984 expanded services downward to age three with provisions for permissive services to the 0-3 population. The mandate gave the responsibility and funding for serving the 3-5 year old population to school districts. Children formerly served in Head Start programs began to be served in the public schools, thus limiting the availability of the complete continuum of services provided by Head Start to children and their families.

Although this has not meant a loss of funding to Head Start programs, it has created barriers to providing a complete continuum of services. New methods and areas of collaboration and new ways of looking at a continuum of services in a community developed have had to be developed.

On the surface, these barriers to collaboration between school districts and Head Start programs are immense. Because many of the regulations that govern school district services do not apply to Head Start it might be assumed that the laws themselves limit collaboration and support. However, the development of an integrated support system among agencies has become a necessity if young children are to receive the maximum services available in a community. No one agency, no matter how great the legal responsibility, can provide the complete range of necessary services.

Although some districts and Head Starts have been able to expand collaborative or contractual arrangements, often talk of collaboration identifies more barriers than methods to achieve support. These "things that keep us apart" tend to vary somewhat among communities but basic barriers have turned up repeatedly. These are:

- Inadequate information about program philosophies;
- Lack of recognition of common goals and purpose;
- Lack of understanding of the restriction inherent in differing eligibility criteria;
- Differences in staff qualifications;
- Territoriality over blending of dollars;
- "Ownership" of children.

None of these items need limit the ability of differing agencies to work together in providing a continuum of services for young handicapped children. There are a myriad of ways that the strengths of school districts, Head Start programs, and other agencies can form an integrated support system to maximize rather than restrict services. There are a variety of creative options available that enable agencies to work together while still adhering to the laws and mandates which govern their services.

This manual seeks to break the barriers and explore the options by:

- Providing and clarifying the updated Head Start/OPSI collaborative agreement;
- Defining philosophies, legal mandates, and responsibilities;
- Providing options that are available for collaboration and support using the strengths of both school districts and Head Start programs;
- Providing solutions to problems and issues relating to preschool services.

All of the answers will not be found here. Many solutions must be developed on the local level to meet local problems. However, this manual will provide a look at some legally available answers. We urge you to examine the strengths of your programs, examine the gaps in your services, and discover how each can use the strengths of the other to fill those gaps.

BENEFITS OF COLLABORATION

Working together to bring services to children and their families provides a number of tangible benefits. The most important of these is the increase in the range and choice of services available to meet the individual needs of children. Although the focus here is collaboration between school districts and Head Start, the addition of other community agencies can provide further expansion of these services.

Active and creative involvement among all agencies, though initially difficult and time-consuming, is necessary if we are to begin to close the gaps in existing programs and provide a maximum of service to children and families.

GENERAL BENEFITS

Increases the scope of services available.
Provides an expanded continuum of services.
Provides an integrated support system for involved agencies and families.
Avoids duplication of services.

BENEFITS FOR AGENCIES

Increases value of service dollar.
Fills in gaps in service delivery.
Increases availability of comprehensive information on child.
Increases availability of training for staff.
Exposes staff to a variety of philosophies, viewpoints, and service models.
Expands the resources for identification of children eligible for services.
Increases ability to match needs to services.
Increases ability to share materials, equipment and facilities.

BENEFITS FOR FAMILIES

Reduces the time and energy that consumers must devote to obtaining effective services.
Provides continuum of linkages to community resources and advocacy.
Increases opportunities for participation and training.
Provides opportunities for smooth transitions into other programs.

BENEFITS FOR CHILDREN

Increases the availability of services to meet individual needs.
Provides a broader range of professionals available for services.
Increases access to needed equipment and materials.
Decreases likelihood of disruption in services as child moves into new programs.

DEFINITION OF COMMON TERMS USED BY HEAD STARTS AND SCHOOL DISTRICTS

> "...the only connection that exists between a word
> and a thing it stands for is whatever association
> the speech community has decided to make."
>
> Peter Farb in *Word Play*

DEFINITION OF COMMON TERMS

When two or more agencies begin to collaborate in providing services to young children, confusion often arises over differing terminology. Semantics can limit understanding and retard progress toward achieving mutual goals. To assist in eliminating this problem, the following definitions are provided:

TERM	HEAD START DEFINITION	ADMINISTRATIVE	PUBLIC SCHOOL DEFINITION
HEAD START	A federally funded, locally administered child development program which provides comprehensive service to low income and handicapped preschool children and their families.		
SEA			State Education Agency - The Office of the Superintendent of Public Instruction. The funding and guidance office for school district special education services.
LEA		Local Education Agency - school district or Educational Service District with responsibilities for providing services to children with handicapping conditions.	
ACYF	The Administration for Children, Youth, and Families, Office of Human Development Services, U.S. Department of Health and Human Services - the funding and regulatory agency for Head Start.		
REGIONAL OFFICE REGION X (ROX)	The local funding and regulatory agency for Alaska, Idaho, Oregon, and Washington located in Seattle.		
PERFORMANCE STANDARDS	Head Start program functions, activities, and facilities required and necessary to meet the objectives and goals of the Head Start program.		

TERM	HEAD START DEFINITION	PUBLIC SCHOOL DEFINITION
TRANSMITTAL NOTICE (TN)	A federal notice of addition of modification of regulations governing services in Head Start.	
GRANTEE	The public or private non-profit agency which has been granted assistance by ACYF to carry on a Head Start program.	Recipient of local, state, or federal funding through grant award.
DELEGATE AGENCY	A public or private non-profit organization or agency to which a grantee has delegated the carrying on of all or part of its Head Start program.	
ESD		Educational Service Districts - the satellite agencies of the Office of the Superintendent of Public Instruction. Their function is to assist school districts in their service area with the implementation of State rules and regulations in the area of Public Education.
SAVI	Self-Assessment Validation Instrument - the tool and the process by which Head Start programs evaluate compliance with performance standards.	
IN-DEPTH VALIDATION	An on-site review of SAVI findings usually done by a team consisting of experts in each component area.	
WORK PLAN	A written plan which describes in both narrative and timeline form the objectives and activities each Head Start program will undertake to meet performance standards in each component.	

TERM	HEAD START DEFINITION	PUBLIC SCHOOL DEFINITION
MONITORING		Evaluation to insure compliance with requirements of 94-142 and WACs which may include collection of data, on-site visits, funding audit, and comparison of IEPs with programs actually provided.
COMMUNITY REPRESENTATIVE	The ACYF staff person assigned to review and provide assistance to a Head Start program.	
COMPONENT	Refers to the areas of service delivery that make up the Head Start program. Specifically they are the education, medical/dental, mental health, parent involvement, social services and nutrition components.	One part of the whole program, process or service model including such related services as transportation, speech therapy, parent training, and curriculum.
RAP RESOURCE ACCESS PROJECT	A federally contracted provider of training and technical assistance to Head Start programs serving handicapped children and their families.	Remedial Assistance Program, funded through Chapter I for elementary and secondary students.
P.A. 26	Program Account 26 - funding earmarked specifically for children with diagnosed handicapping conditions. Funding is not awarded on a per child basis.	
PIR	Annual Program Information Report - a report filed anually by each Head Start Grantee and delegate agency which enumerates services provided to children and families including numbers of children with diagnosed handicapping conditions by diagnostic catagory.	
3-5	Refers to children from the date of the third birthday through the fifth year.	Refers to children from the date of the third birthday to the age of eligibility for entry into first grade.

<table>
<tr><th>TERM</th><th>HEAD START DEFINITION</th><th>PUBLIC SCHOOL DEFINITION</th></tr>
<tr><td>0-3</td><td colspan="2">Refers to children from the moment of birth up to the date of the third birthday.</td></tr>
<tr><td>COORDINATOR OF SERVICES TO THE HANDICAPPED</td><td>The Head Start staff person responsible for insuring that appropriate services are delivered to children diagnosed as having a handicapping condition.</td><td></td></tr>
<tr><td>COLLABORATION</td><td colspan="2">To work jointly with agencies, individuals, or groups to promote a cooperative outcome.</td></tr>
<tr><td>COLLABORATIVE SERVICES</td><td colspan="2">The planned coordination of efforts made by a variety of agencies or organizations to insure that the child is provided appropriate, non-duplicated services.</td></tr>
<tr><td>ELIGIBILITY</td><td>Qualified according to income guidelines and/or handicapping condition for enrollment in a Head Start program.</td><td>The State of being legally qualified according to WAC to receive special education or related services under the rules and regulations for programs providing services to children with handicapping conditions.</td></tr>
<tr><td></td><td colspan="2">Districts must view eligibility based on criteria related to the child. Head Start programs see eligibility based first on family factors, primarily income, and second on criteria related to a child. Thus a child may be eligible for the Head Start program but not for the special services provided to children with handicapping conditions.</td></tr>
<tr><td>SERVE</td><td>To provide comprehensive services to all enrolled children and their families according to assessed needs.</td><td></td></tr>
</table>

SERVICES

TERM	HEAD START DEFINITION	PUBLIC SCHOOL DEFINITION
RECRUITMENT	Procedures involving the search for eligible students for the Head Start program.	
IDENTIFICATION	The act of bringing to the attention of an agency those children suspected to needing intervention.	
CHILDFIND		Those activities by which the local districts attempt to locate and identify students between the ages of 0 and 21 with a suspected handicapping condition. These activities may include, but are not limited to: preschool developmental screening, local media informational campaigns, liason with public and private health and other medical and social agencies, public or private questionnaire for first-time enrolling students, screening of district-wide group standardized test results, inservice education to teaching staff, and cooperation as requested with state Childfind programs.
SCREENING	A fast method of obtaining basic information on the child's developmental skills and medical history. Used to identify children in need of further evaluation.	The process of examining a child's developmental status across all areas including skills in cognition, motor, language and social/emotional development which provide indicators of the child's developmental status as compared to other children of the same chronological age. Screening done as part of the assessment may use parent interviews or questionnaires, a review of health histories, direct observation or a combination of these methods.

TERM	HEAD START DEFINITION	PUBLIC SCHOOL DEFINITION
REFERRAL	The act of transferring or sending an individual to another person or agency for specialized or more appropriate assistance.	
EVALUATION	A three-part process including screening diagnosis and on-going assessment.	The process of gathering family and birth histories, a multidisciplinary team assessment, writing summaries to determine eligibility for services.
ASSESSMENT	A systematic process of collecting information on the child's present level of functioning in the areas of cognitive, social, self-help, motor and language skill development. Used to develop goals and objectives and to plan day to day learning activities for the child.	The act of estimating or determining the functioning level of an individual in various developmental areas. Used to determine eligibility for services and to develop IEP and program goals.
DIAGNOSIS	The second step in the evaluation process. Includes a categorical diagnosis which states the specific area of the child's handicap and enables programs to use P.A. 26 monies for services, and a functional diagnosis which forms the basis for the child's IEP.	
MULTIDISCIPLINARY TEAM		A team consisting of at least one special education teacher and and at least one person qualified to conduct individual diagnostic assessment in the area of suspected disability. The use of this team involvement rather than individual judgement helps insure a more complete and accurate assessment.

TERM	HEAD START DEFINITION	PUBLIC SCHOOL DEFINITION
INTER-DISCIPLINARY TEAM	A service team made up of professionals/staff from different disciplines and/or components which shares information pertinent to diagnosis and services for children and families and designs appropriate programs to meet individual needs.	Term "Multi-Disciplinary Team" is more widely used by school districts.
IEP INDIVIDUAL EDUCATION PLAN	IEP is a plan which provides short and long-range program goals for those Head Start children with diagnosed handicapping conditions. It is a working document to be used by teachers and others in the prevision of services.	A working, non-static document which describes functioning level, identifies goals and objectives, and delineates service needs of each child eligible for Special Education services.
IPP		Individual Progress Plan - A plan that permits each pupil to progress at his/her own rate.
LRE LEAST RESTRICTIVE ENVIRONMENT	Provision of the necessary services to insure that a child and family achieve the full benefits of participation in the program.	A regulatory requirement in Public Law 94-142, that requires states and local education agencies to see that each handicapped child's educational placement in a regular class, special class, special school, home instruction program, hospital instruction program, or institution is consistent with his/her individualized educational program and provides an educational setting appropriate to his/her educational needs.

TERM	HEAD START DEFINITION	PUBLIC SCHOOL DEFINITION
RELATED SERVICES	Developmental, corrective, or other supportive services required to assist a handicapped child to benefit from the Head Start program. Includes services as in WAC but grantees may provide or procure from other community agencies.	Developmental, corrective, or other supportive services as are required to assist a handicapped child to benefit from special education. These include communication disorders services, audiology, psychological services, assessment of disablities, counseling services, medical services for diagnostic or assessment purposes, and orientation and mobility services. It also includes school health services, social work services in schools, parent counseling and training and classified staff services.
CONCURRENT SERVICES	Refers to the delivery of services by multiple agencies.	
ITINERANT SERVICES	Services provided by a traveling specially trained employee.	
HOME BASE	A Head Start program option that combines home visits and group experience and focuses on the parent as the primary factor in the child's development and the home as the central facility. Home based services in Head Start focus on family needs including teaching parents to participate in the planning and implementation of services.	A placement option in which the educational program takes place in the child's home and focuses on the parent (or care provider) as the primary teacher.
MAINSTREAMING	The integration of handicapped with non-handicapped children in the classroom.	

TE	HEAD START DEFINITION	PUBLIC SCHOOL DEFINITION
SPECIAL EDUCATION PRESCHOOL		That continuum of special education services provided to eligible students ages 0 through 5. These may include home-based programs, classroom programs, cooperative services with other agencies or itinerant services.
TRANSITION	The movement of a child and all appropriate records and information from one program to another. This movement may be within or between districts or agencies.	
WAC	Washington Administrative Code - Regulations governing school districts' provision of services to young handicapped children.	

HEAD START AND SCHOOL DISTRICTS:

MORE ALIKE THAN DIFFERENT

"...except in extremely rare instances people
are pretty much like everyone else."

Fran Lebowitz in Social Studies

HEAD START AND SCHOOL DISTRICTS: MORE ALIKE THAN DIFFERENT

Opportunities for cooperation are often limited by insufficient information about and understanding of the philosophies, goals, and mandates that govern each involved agency. In addition, stereotyped beliefs are sometimes held about services provided by another agency. Each of us makes decisions daily that reflect our own beliefs, expectations, and assumptions about others. In order for effective cooperation to take place, agencies and agency personnel in decision-making positions must have sufficient information regarding the commonalities, differences, and the unique characteristics of each system. It is through the understanding of different programs - their philosophies, goals, and mandates - that we will be able to maximize the opportunities for cooperation.

This section contains information about the philosophies, goals, and criteria for services governing Head Start and public school programs. Also included is a list of common (and often erroneous) beliefs and assumptions that may be held about each other. A complete listing of regulations governing each agency is found in Appendix 2.

DIFFERENCES AND COMMONALITIES

	PUBLIC SCHOOL	HEAD START	FAMILY
PHILOSOPHY Prevalent attitudes, philosophies, stereotypes, expectations.	School is primary educator. Parent is sender/preparer of child. Specifies curriculum for each grade level.	Parent is primary educator. Parent and school are partners. Begin with child where s/he is; move at child's pace. Assist families to use community resources.	Varies with family background, culture, etc.
GOAL The system's purpose; what is trying to accomplish.	Academic education. Focuses on intellectual functioning.	Developmental education. Focus on the whole child and his/her family.	Meet basic needs. Provide nuturance.
MANDATE What the system must do, by law.	Provide education and related services. Specifically involve families of handicapped children.	Provide education, family services, health services. Involve all families.	Provide physical and health care, shelter, cleanliness.
POPULATION Those served by the system.	Serve equally all school age children. Serve eligible preschool children ages 3-5 and those 0-3, permissively.	Eligible children ages 3-5 who are poor and/or handicapped.	Own members. Birth to adulthood.
CREDENTIALS Requirements for employment within the system.	Requires college degrees, certificatin.	Personnel hired for competence to do job. Preference to those based in community.	No specific requirement.
TRAINING preparation to carry out tasks.	Focuses on academic, cognitive skills, teaching, working with groups of children.	Focuses on integrating developmental tasks.	Relies greatly on family tradition and "on the job" experiences.
PAY Salaries for those employed.	Varies, but generally good compared to Head Start.	Poor compared to public school except where district is the grantee.	Varies.

From: Working Together in Transition

PROGRAM PHILOSOPHY

A well developed philosophy is critical to the successful development and maintenance of an early intervention program. Philosophy provides the foundation for program goals and services to children and families. Although Head Start and public school philosophies are somewhat different in scope, both programs hold the primary belief that early intervention in the educational and developmental process has a positive effect on the child's later success.

HEAD START BELIEVES THAT:

- Lifelong learning patterns are established in the early years.
- All children share certain needs and abilities.
- A child's entire family, as well as the community must be involved.
- Early childhood education must be the 'holistic' focusing on physical, intellectual, social, and emotional development.
- In an integrated environment, all children have the opportunity to develop skills in a natural setting.

SCHOOL DISTRICTS BELIEVE THAT:

- Early intervention should be provided at the earliest possible time to maximize its effect.
- Early intervention programs can minimize the effects of handicapping conditions by teaching children to build on their strengths and by preventing secondary handicapping conditions from developing.

PROGRAM GOALS

While philosophy provides the basis for a program, goals provide direction for services. In public schools, goals focus on children in the educational system. Head Start goals tend to focus on children and families in the community.

HEAD START GOALS:

- to bring about a greater degree of social competence in children of low-income families.
- to provide children with a learning environment which will help them develop socially, intellectually, physically, and emotionally in a manner appropriate to their age and stage of development toward the overall goal of social competence.
- to involve parents in educational activities of the program to enhance their role as the principal influence on the child's education and development.
- to provide a comprehensive health services program to preschool children, to assist the child's physical, emotional, cognitive and social development toward the overall goal of social competence.
- to promote preventive health services and early intervention.

SCHOOL DISTRICT GOALS:

- to locate all handicapped children in the school district.
- to provide appropriate educational programming to all young handicapped children in the program.
- to provide for educationally relevent individual needs of the parents and family of each child in the program.
- to develop and maintain working relationships with all agencies that serve handicapped children and their families.
- to provide ongoing opportunities for staff to develop new skills.
- to ensure that the school environment facilitates child growth and development.

HEAD START GOALS:

- to identify the special needs of handicapped children.
- to provide opportunities for staff development.
- to provide handicapped children and children with special needs with the necessary services which will ensure that the child and family achieve the full benefits of participation in the program.
- to provide food which will help meet the child's daily nutritional needs, recognizing individual differences and cultural patterns.
- to provide a planned program of experiences and activities which support the parental role as the principle influence in their child's education and development.
- to assist the family in its own efforts to improve the condition and quality of family life.
- to make parents aware of community services and resources and facilitate their use.

SCHOOL DISTRICT GOALS:

- to maintain standards of health and to prepare for medical emergencies in the classroom.

PROGRAM ELIGIBILITY

Eligibility for services has been a long-standing issue between school districts and Head Start programs. School districts are responsible for serving all eligible children. Head Start programs are responsible for handicap services to 10% of their funded enrollment. It is sometimes difficult for school districts to understand why Head Start must refuse services to an appropriate child when all enrollment slots are filled. It is equally difficult to understand why some children are ineligible for school district services.

HEAD STARTS SERVE:		SCHOOL DISTRICTS SERVE:
	POPULATION	
- children/families with low/limited incomes (see Appendix 3 for poverty guidelines). - only a specified number of children according to funding guidelines. - an overall enrollment up to 110% of funded enrollment under specific conditions.		- all eligible children within the district.
	INCOME	
- children/families served must be within income guidelines. - services are not based on ability to pay. - at least 90% of enrollment must be from low income families. - up to 10% of enrollment may be from to over-income population.		- no income guidelines. - services are not based on ability to pay.

	HEAD STARTS SERVE:	SCHOOL DISTRICTS SERVE:
AGE	- preschool children between age 3 and age of compulsory school attendance. One ACYF funded program in Washington serves 0-4. - Region X policy requires programs to offer priority to children in the year prior to public school enrollment (usually age 4). Children who are three years old may be served under specified conditions (handicap other pathologies such as abuse, or when an older sibling is enrolled). - children who are age eligible for school districts *may* attend Head Start if Head Start is an agreed appropriate placement. Decisions to enroll children of school age in Head Start programs must be reviewed by ROX/ACYF and ROX/RAP.	- mandated for eligible preschool children between ages 3 and 5. - permissible for the birth through 2 population.

GEOGRAPHIC AREA	- area defined by program policy based on:
	  - transportation time
	  - transportation cost
	  - economic conditions and needs.
		- within school district boundaries.
		- at neighborhood school when possible and appropriate.
		- when contracted for services by neighboring district.

CATEGORICAL/CONDITION

HEAD STARTS SERVE:

- Must be diagnosed by a team of appropriate professionals who work with children with these conditions and have certification and/or license to make these diagnoses. Children must meet the criteria for one of these conditions and by reason thereof, require special education and related services.
  - Blindness
  - Visual Impairment
  - Deafness
  - Hearing Impairment
  - Physical Handicap
  - Speech Impairment
  - Health Impairment
  - Mental Retardation
  - Serious Emotional Disturbance
  - Specific Learning Disabilities

SCHOOL DISTRICTS SERVE:

- Must meet the criteria for one of the following categories and be under the age of eligibility for first grade.

Children are reported under the category Developmentally Handicapped which includes:

- Developmentally Delayed
- Orthopedically Impaired
- Health Impaired
- Deaf
- Hard of Hearing
- Visually Handicapped
- Deaf-Blind

Children who qualify solely for communication disorder services are reported in the category of "communication disordered only."

PROGRAM SERVICES

Head Start and school district services are parallel in that both offer identification, assessment, IEP, educational and related services. However, Head Start includes a broader base of comprehensive services, while districts focus on educational services and outcomes. Educational services in Head Start tend to focus on a developmental approach within an integrated setting although modifications to this approach may be made to suit the individual needs of a child and family. District educational services tend to focus on special education and placement in an environment that emphasizes the child's educational needs.

HEAD START SERVICES:

- Outreach and recruitment in cooperation with other community groups and agencies to identify and enroll handicapped children who meet eligibility requirements.

- Screening including health, dental health, and development and diagnoses of suspected health or handicapping conditions that might impair the child's ability to benefit from program services.

- Assessment of the health, developmental, nutritional and social service need of the child and his/her family.

- Individualized planning and IEP.

- Educational services including the full range of activities available within the program and/or adapt-

SCHOOL DISTRICT SERVICES:

- Identification including childfind programs.

- Assessment of child and family needs regarding the child's education.

- Educational services including an appropriate educational program within the least restrictive environment.

    - Home Base
    - Preschool handicapped classroom
    - Communication classroom
    - Resource room
    - Special education classroom
    - Itinerant services
    - Placement in a classroom program outside the public school
    - Combined services

- Related/support services including:

HEAD START SERVICES:

ations to ensure the participation of the child. May include a variety of services designed to meet both local and individual needs and might include:

- Classroom only
- Classroom and Home Base
- Home Base only
- Limited classroom

- Head Start is responsible for arranging or procuring related services but is not necessarily responsible for providing these services directly.
- Health services including follow-up of medical and dental problems.
- Nutrition services including provision for training children and families in appropriate nutrition.
- Social services including linking families with appropriate community agencies.
- Parent involvement including participation in program decision making, volunteering, and training.
- Transition including IEP review and the sharing of information with receiving school districts or other agencies.

SCHOOL DISTRICT SERVICES:

- transportation
- CSD services
- audiology
- psychological
- O.T.
- P.T.
- recreation
- early identification
- counseling
- medical diagnostics
- orientation and mobility services

that are necessary for the child to benefit from special education services.

- Parent participation in decision-making regarding individual placement and programs, and in training focused on the child's individual needs, volunteering, and parent conferences.

STAFFING

While school districts are bound by strict credentialling criteria for staff, Head Start programs have no mandate for such credentialling. A strong component of Head Start programs has always been training and staff development. Programs are encouraged to hire and train parents when appropriate. Training is mandated in all components and most grantees provide inservice training at least monthly, classroom technical assistance, and opportunities to attend workshops and courses outside of the program.

DESIGN

HEAD START STAFF:

- Each grantee or delegate agency must designate a full or part-time coordinator responsible for handicap service delivery.
- Programs must provide for staffing that includes volunteer participation in the classroom.
- Classroom adult/child ratios are limited to:
  - 3 year olds: 10-12 children per classroom. 1 adult per 4 children.
  - 4 year olds: 12-15 children per classroom. 1 adult per 5 children.
  - 5 year olds: 15-21 children per classroom. 1 adult per 7 children.
- Classroom serving a mixed age range must provide ratios equal to the lowest age enrolled.

PUBLIC SCHOOL STAFF:

- There are no specific staffing requirements for special education preschool programs. Those guidelines established for regular programs apply.
- Adult/child ratios are not specifically delineated.
- Each class will have a special education teacher and classified staff as determined by size and composition.

QUALIFICATIONS

HEAD START STAFF:

- Grantees and delegate agencies are encouraged to hire parents.
- There are no specific certification guidelines for Head Start staff and qualifications for positions are determined locally.
- Grantees and delegate agencies are encouraged to hire staff with the Child Development Associate (CDA) certificate.
- Grantees and delegate agencies serving children eligible for school district service must provide a staff person certified in special education. This may be done by employment of that person or through agreements or contracts with the responsible school district.
- Professionals hired or contracted to perform diagnostic evaluations must have education and licensure appropriate for the evaluations being performed and experience and education in early childhood development.

PUBLIC SCHOOL STAFF:

- Each class will have a certified special education teacher and qualified classified staff as determined by class size and composition.
- All staff serving on assessment teams or providing related services must meet minimum job standards. Must hold credentials, certificates, or permits required by the state board of education for the particular position of employment and must meet supplemental standards established by the school district.
- Assignment of personnel must be consistent with training and experience appropriate to the age level and type of program.

FUNDING

Head Start funding comes almost exclusively from federal sources and is administered through a Regional Office. District funding comes from federal, state, and local sources. All sources, however, have regulations governing how monies can be spent. Head Start programs are funded on the basis of enrollment slots allocated to each grantee rather than on a strictly per child basis. Districts are funded through formulae based on FTES and numbers of children by condition. Both Head Start and districts are eligible to receive each others' funding under specific conditions and eligible children may be counted by both.

HEAD START FUNDING:

- Grantees must submit annual applications to Region X ACYF to receive federal dollars. Funding is based on number of enrollment slots.
- Grantees and delegate agencies are eligible to receive 94-142 flow-through funds through arrangements with school districts.
- Grantees and delegate agencies are eligible to receive state special education funds only on receipt of certification as a non-public agency through a contract with local school districts.
- Head Start programs are funded through the federal Department of Health and Human Services, Office of Human Development Services, Administration for Children, Youth, and Families.

PUBLIC SCHOOL FUNDING:

- Each school district must submit annual applications to the SPI to receive federal special education funds.
- Funding is provided through the federal Office of Special Education Programs and through the state based on a per child categorical count.
- School districts may receive Head Start funding as grantees, delegate agencies, or through service contracts with local Head Start programs.
- State funding for preschool handicapped programs is based on a Formula and ranged from an average of $600

HEAD START FUNDING:

- Funds are awarded through three basic program accounts:
    - 20: For staff training and development;
    - 22: For general program functions;
    - 26: For special services to handicapped children.
- Grantees are also eligible for limited funding through the state Office of Community Development.

PUBLIC SCHOOL FUNDING:

for a child with a communication disorder (CD only) to an average of 3800 per developmentally handicapped child, based on local school district conditions such as staff qualifications and experience.

BELIEFS AND ASSUMPTIONS WHICH MIGHT INHIBIT COOPERATION

...ABOUT SCHOOL DISTRICTS

Common Belief: SCHOOL DISTRICTS ARE REQUIRED, BY LAW, TO PROVIDE EVERY SERVICE NEEDED FOR A HANDICAPPED CHILD TO ACHIEVE HIS/HER MAXIMUM POTENTIAL.

In Fact: Districts are required to provide those services that enable the handicapped child to benefit from appropriate educational services.

Common Belief: SCHOOL DISTRICTS ONLY FOCUS ON CHILDREN'S ACADEMIC PERFORMANCE.

In Fact: Public school curricula usually focuses on intellectual functioning. Academic performance is mandated. However, a wide variety of opportunities for physical, social, emotional, and aesthetic development exist within public school curricula.

Common Belief: SCHOOL DISTRICTS DO NOT CARE ABOUT PARENTS. THEY ONLY DO THE MINIMUM TO MEET REQUIREMENTS AND KEEP PARENTS "OFF THEIR BACKS."

In Fact: There *are* specific mandates requiring opportunities for parent participation in services to handicapped children. In addition, many districts recognize and encourage parent involvement through home base programs, parent support or advisory groups and volunteering. However, although parent involvement is mandated, schools are not specifically funded for, nor does most teacher training include, parent involvement components.

Common Belief: DISTRICTS *MUST* ASSESS *ALL* CHILDREN REFERRED TO THEM.

In Fact: Districts must *evaluate the need to assess* all children referred to them. If there is insufficient data to support a need to assess, districts do not have to assess. In addition, districts do not receive funding for a child until s/he is eligible for services and has an IEP. The costs for assessment of children who are not eligible for programs is borne by the district.

Common Belief: DISTRICTS GET $3000 PER ELIGIBLE CHILD.

In Fact: $3000 is an average figure. The actual funding is determined according to a formula that takes into account the experience, and education of staff (position on salary schedule). Also, due to state income fluctuation, funding may not reach local districts at 100% of budget.

Common Belief: ONCE THE DISTRICT HAS LABELED A CHILD,
S/HE IS IN THAT CATEGORY FOREVER.

In Fact: Districts are required to reassess at least every three years or as requested by parents, teachers, or IEP committee to determine changes in the child's need and category. Children receiving preschool services are reevaluated when they become age eligible for school-age programs and enter those categorized programs only if they meet the eligibility criteria.

Additionally, annual review of functioning level and physical status is required before the new IEP is written.

Common Belief: DISTRICTS ARE MORE CONCERNED ABOUT PAPER
THAN PEOPLE.

In Fact: District adherence to mandates and use of funds is strictly regulated by both the state and the federal offices of Special Education. If "paper trails" are not in place according to mandates, districts can lose funding. Therefore, without the paper, there is no money and hence no service to people.

...ABOUT HEAD START

Common Belief: HEAD START IS TOO SOCIAL SERVICE ORIENTED -
IT JUST PROVIDES ANOTHER SERVICE FOR
WELFARE RECIPIENTS.

In Fact: Head Start is mandated to assist families to "break the cycle of poverty" through training in use of community resources, advocacy, and job skills. Head Start provides a level of assistance according to the results of the individual family needs assessment. In addition, Head Start focuses on parents as primary educators and partners in the education of their children.

Common Belief: HEAD START FOCUSES ON SOCIALIZING CHILDREN RATHER THAN ACADEMIC LEARNING.

In Fact: The overall goal of Head Start is to bring about a greater degree of social competence in young children of low-income families. Social competence takes into account the interrelatedness of cognitive development, physical and mental health, nutritional needs and other factors that enable a developmental approach to social competence. Although programs vary in their emphasis on cognitive/academic development, each has as its goal to increase a child's readiness to learn through successful, confidence-building experiences with learning.

Common Belief: HEAD START PROGRAMS DO NOT HAVE TO MEET
ANY SPECIFIC REQUIREMENTS IN SERVING
HANDICAPPED CHILDREN.

In Fact: Requirements for specific services to handicapped children are found throughout Head Start Performance Standards. In addition, Head Start programs are required to meet the requirements of Public Law 94-142 including screening, assessment, IEP development, parent participation, and related services. Additional mandates, called Transmittal Notices, outline requirements for diagnosis, services, and collaboration.

Common Belief: HEAD START PROGRAMS DO NOT HAVE TO PROVIDE THERAPY OR OTHER RELATED SERVICES.

In Fact: Head Start must provide or procure needed services for children and families. Because services emphasize assisting families to use community resources, Head Start seeks to link families of children with handicapping conditions to other agencies within the community who provide these services. Use of these services must be part of the child's IEP.

Common Belief: HEAD START STAFF ARE NOT ADEQUATELY TRAINED TO PROVIDE SERVICES TO CHILDREN WITH HANDICAPPING CONDITIONS.

In Fact: Head Start personnel policies vary from grantee to grantee. Staff are generally hired for their competence to do a job. Mandates require that training be provided to staff in child development and in working with children with special needs.

Common Belief: HEAD START HAS UNLIMITED FUNDING BUT THEY ARE ALWAYS BEGGING FOR MONEY.

In Fact: Head Start programs have specified funding limits that may or may not increase annually (according to compressional whim.) Turnover on enrollment, necessitating extra expenditures in screening, evaluation, and treatment increase costs. Funds for services to handicapped children are not allocated on a per child basis but on the basis of 10% of funded enrollment. Most programs provide services to 14%-25% of funded enrollment. Finally, Head Start regulations require that programs seek out other agencies for services and take first-dollar responsibility only when no other services exist.

Common Belief: HEAD START IS SUPPOSED TO SERVE HANDICAPPED CHILDREN BUT THEY DO NOT ALWAYS TAKE CHILDREN WHO ARE REFERRED.

In Fact: Head Start has enrollment limitations that vary from grantee to grantee. Although programs can overenroll up to 110% of funded enrollment, they must meet specific criteria (based on attendance projections) to do so.

Head Start is only required to reserve 10% of its enrollment for children with handicapping conditions. Because Head Start is an integrated, mainstream program, overenrollment of children with handicapping conditions negates the "mainstream" role. Head Start also has income guidelines that limit services to a specific portion of the population. Although 10% of funded enrollment may also be reserved for "over-income" children, these slots are used at the discretion of the grantee.

Finally, not all children with handicapping conditions have needs that are appropriately served in Head Start. If the child's needs cannot be met in the program or in a joint program, the child should not be enrolled in Head Start.

MAKING COLLABORATION WORK

"Agencies and organizations have evolved into the 'indispensable' sole proprietors of needed resources which they dole out in ways that are self-protective of their 'turf' or self-aggrandizing to their individual roles in the community."

Robert H. Audette
Coordinating Services to Handicapped Children

73

MAKING COLLABORATION WORK

Providing a program that will meet all of the needs of the preschool child with a handicapping condition requires access to a variety of services. Diagnostic services, appropriate educational and related services, medical services, services to families such as counselling, support groups, and home programs require both staff and money to implement. It would be impossible to expect any single agency to provide all of these services at levels that actually meet children's needs. Never-the-less, districts and Head Start programs often have this expectation of themselves and each other.

As school districts and Head Start actively seek needed services from the community and from each other, the scope of the program that can be offered to children and families is broadened. Although cooperation lightens the burden of services provided by individual staff members, it increases the need for quality in ongoing communication between agencies. The result of this effort is that children receive services that are more reflective of a comprehensive and cooperative approach.

TYPES OF COLLABORATION

Collaboration between districts and Head Start programs can take many forms. In areas where services are plentiful, collaboration may take the form of simply exchanging information. In other areas, where services are few and children "fall between the cracks" agreements may take the form of contractual arrangements for services in which money is actually exchanged.

Linking districts and Head Start programs in collaborative efforts to expand services to children falls into four major categories:

- INFORMAL AGREEMENT
- LETTERS OF AGREEMENT
- FORMAL WRITTEN AGREEMENT
- CONTRACT

These four types of agreements fall along a continuum of complexity and responsibility with an informal agreement being the least complex and a contract generally being the most complex. Less complex agreements will not usually require agencies to meet requirements of legal mandates of another agency; whereas a formal written agreement or contract will necessarily have to deal with such issues as eligibility criteria, teacher credentials, and facilities. All four types of agreements are important elements in collaboration.

TYPES OF COLLABORATIVE ARRANGEMENTS

CONTINUUM OF AGREEMENTS	DESCRIPTION	EXAMPLES	WHEN TO USE
1. Informal	A verbal commitment to work together in a specific project.	- Co-sponsor a workshop - Informal information and referral	- For one time exchange of service or specific event - Early stages of a possible working relationship - When specificity of procedures is not desired
2. Letter of Agreement	A document, i.e., letter of memorandum that describes a specific commitment between two or more parties.	- Cooperative use of testing instruments or reporting forms - Outline information exchange for transition of children	- Simple exchange of services - Initial stages of agreement process to document process
3. Formal Written Agreement	A document that is written to specify the exchange of goods or services and the procedures for making this exchange.	- Description of specific services to be exchanged, such as evaluation - Description of procedures for mutual referral of children - Explain relationship between two agencies	- When procedures are complex or unclear - To spell out specific responsibilities
4. Contract	A written agreement to supply goods or services at a fixed price.	- Placement of children - Arrangement for service exchange - Individual therapy services	- When money or other goods are exchanged for a service

FROM: Head Start Linkages

TAKING STEPS TOWARD COLLABORATION

Collaboration in itself is a process involving several steps. Complicating the process are the issues of different funding sources and restrictions, different eligibility criteria, different regulations and mandates, and different philosophies. Expecting that these issues will be magically resolved is wishful thinking. Working together, however complex and comprehensive, may be a lengthy process.

Following these steps should ease the process:

- Identify the key people in each agency--those who have both the desire to collaborate and the authority to authorize collaboration;
- Identify the areas of need for collaboration--these may be as simple as agreeing on the transition procedures or as complex as jointly serving a number of children;
- Identify the issues that might limit the amount of collaboration possible (i.e., eligibility criteria);
- Devise ways to work through and around the issues (i.e. procedures to make children eligible by one or both criteria);
- Identify specific services to be included in collaboration;
- Identify specific procedures for accessing those services and individuals responsible for implementation;
- Develop an agreement or contract.

Following is a description of the elements necessary for a functional agreement and the procedures for developing contractual agreements between Head Start agencies and local school districts. Examples of agreements and contracts will be found in Appendix V and a bibliography of written materials on collaboration can be found in Appendix VI.

ELEMENTS OF AGREEMENTS

There are any number of elements that can be included in a collaborative agreement. The following eight elements are considered important components of interagency collaborative agreements. Not all agreements, however, will require all eight elements. Some agreements may require elements that are not mentioned here.

STATEMENT OF PURPOSE

A statement of clear purpose for agreement between the parties should be one of the first items listed. A delineation of goals and measurable objectives for the term of the agreement should be included. The writing of measurable objectives will greatly facilitate the later evaluation of an agreement.

DEFINITION OF TERMS

Many times the terminology used by one agency is familiar to that agency alone. The word evaluation may mean one thing to a health agency, but have a different meaning for educators. Therefore, it is essential to define any ambiguous or unfamiliar terms as part of the document.

PROGRAM DELINEATION

In order to facilitate a clear communication of the need for and the intent of an agreement, there should be a clear delineation of the specific program, service, or focus for which the document is being written. Such statements do not need to be long, drawn-out descriptions written in minute detail; however, enough information should be included to describe sufficiently the program or service so that a first time reader can grasp the meaning.

FIRST DOLLAR RESPONSIBILITY

Much confusion exists among various federal and state programs providing services to handicapped children as to which program or agency is responsible for paying the first dollar for a service and which agency pays only when no other program is responsible. The determination of which agency has the first dollar responsibility for the payment of services should be in the agreement. The specification of other financial or funding arrangements for payment of services should be addressed.

ROLES AND RESPONSIBILITIES

The specific actions, roles, and responsibilities of each party to an agreement should be written clearly so there is no confusion as to who does what, when, and where. At the same time, mutual responsibilities to be shared by all parties should be set forth.

DESIGNATION OF RESPONSIBLE POSITIONS

The major fault of many agreements between agencies can be traced to the failure to assign a designated staff person with the responsibility of ensuring that the provisions of the agreement were carried out. Too many times an agreement will be written, filed away, and forgotten until a major crisis or problem comes along. To prevent this from occurring, a staff member from each agency who is party to the agreement should be designated in the terms of the agreement. This person would be responsible for:

1. Implementing the agreement as specified.
2. Monitoring the implementation to ensure its success.
3. Negotiating change in the agreement when it becomes necessary to update it.

ADMINISTRATIVE PROVISIONS

There are numerous general administrative procedures that would be part of every agreement. These items include a specified starting and ending date for the agreement, a mechanism for updating it, confidentiality safeguards, referral mechanisms, information sharing, nondiscrimination clauses and other assurances.

EVALUATION DESIGN

In order to determine the success or failure of an interagency agreement, it is extremely helpful to build into the agreement itself an evaluation mechanism. The design of this mechanism should be specified and agreed upon by all parties. The person(s) responsible for the evaluation and sanctions to ensure its implementation should be identified.

From: Preschool Programs for Handicapped Children

PROCEDURES FOR DEVELOPING CONTRACTUAL AGREEMENTS BETWEEN HEAD START AGENCIES AND LOCAL SCHOOL DISTRICTS

The Superintendent of Public Instruction encourages and supports the involvement of local school districts in working with other agencies to provide educational programs and related services to preschool children with handicapping conditions. Although districts bear the primary responsibility for services to 3-5 year old handicapped children, several alternatives are available for expanding these services to provide the most appropriate program.

The school district may contract with approved nonpublic educational agencies such as developmental centers, Head Start centers, hospital programs, etc. to provide educational services for handicapped children. This attachment describes the processes and considerations when a local district wishes to contract with a Head Start agency to provide an educational program for an eligible handicapped child.

Contractual Agreements with Non-Public School Agencies

In order for a school district to contract with a Head Start agency, the district must submit a 593-A form, "Application for Approval of Non-Public School/Agency Programs for Handicapped Children" to the Educational Service District (ESD) in your region. The form is completed by the non-public school agency (Head Start) and submitted by the school district. Copies of these forms may be obtained from either the local school district, ESD, or SPI. Once the application has been reviewed and approved by the ESD it is submitted to the Division of Special Services. It is then submitted to the State Board of Education for approval of the non-public school agency.

The requirements for approval include the following:

a. There must be at least one or more staff persons of the Head Start program currently certified to teach in the State of Washington with training and experience to serve preschool age children with handicaps.

b. The Head Start agency must maintain written policies which are available for review and govern the services contracted for including:

   1. Scope of the service offered
   2. Admission and discharge policies
   3. Educational philosophy and methodology
   4. Care of Children in emergencies
   5. Clinical and administrative records
   6. Personnel policies
   7. Staff duties
   8. Fee schedules

c. The participating Head Start programs must meet Washington State program standards as contained in WAC 392-171.

Once the Head Start agency has been approved as a non-public school agency for serving handicapped students, the school district may develop individual contracts for those handicapped students that can best be served in a Head Start center. The procedures for developing a local contractual agreement for each child would be the same as those used for any handicapped child who is not served by the resident district.

Forms and procedures for the non-public school agency process are found in Appendix 8.

From: Preschool Programs for Handicapped Children

ROLES IN COLLABORATION:

BUILDING AN INTEGRATED SUPPORT AND SERVICES SYSTEM

Head Start Programs and school districts, within the framework of their separate regulatory structures, each have valuable roles to play in serving preschool children with handicapping conditions. From the initial identification process through transition into district kindergartens or first grades, each can draw upon the strengths of the other in building an integrated system of support and services designed to best meet the needs of these children and their families.

A parallel placement process which, for both agencies, identifies children, establishes eligibility for programs, and provides for placement and individualized planning, creates an avenue for building a continuum of services. Through mutual referral systems, each agency will be able to expand the number of children identified and the services offered.

A major role for Head Start in an integrated support system is as an initial identifier of children. Many children who are accepted and enrolled into Head Start programs have never been seen in community screenings. They have had little contact with community health or education agencies other than EPSDT (Early Periodic Screening, Diagnosis, and Treatment program.) When these children are enrolled in Head Start, screenings, health and development, as well as classroom observation and assessment, are provided. A number of the children screened are found to have significant delays in development and will be eligible for district programs. Referral of these children for district assessment provides an opportunity that might not have been available to the child until s/he entered the district kindergarten or first grade programs.

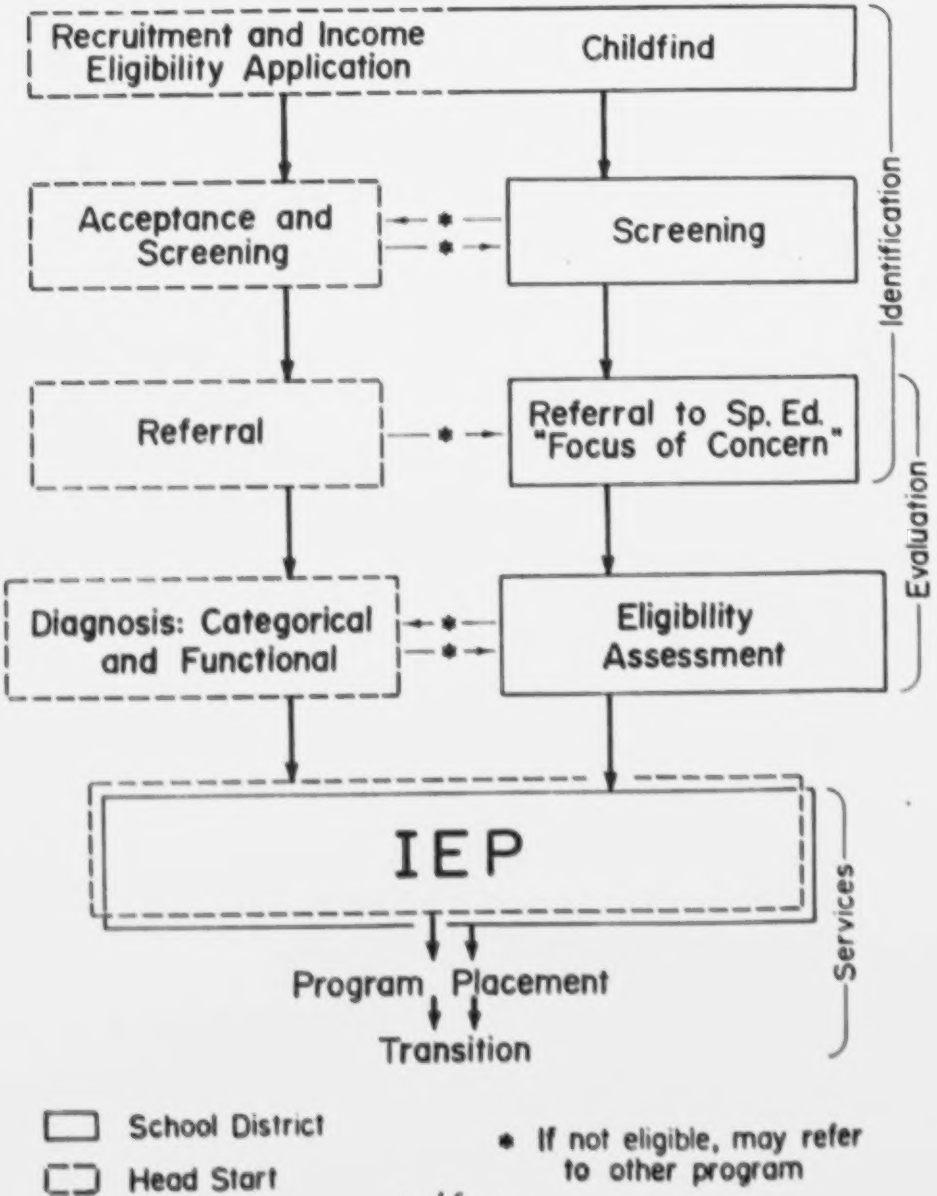
Some of these children may end up being served wholly by the district. However, the Head Start service of identification enables Head Start to count these children as part of the mandated 10% if the child was enrolled in Head Start and actually received services there.

In addition, Head Start diagnostic criteria and interpretation of "special education and related services" are somewhat broader than district eligibility requirements. It is possible for a child ineligible according the WACs that govern school districts to be eligible as "handicapped" and receive services in Head Start. Referral of children to the district for assessment can assist in identifying all of these children. Appropriate services can then be arranged involving both agencies.

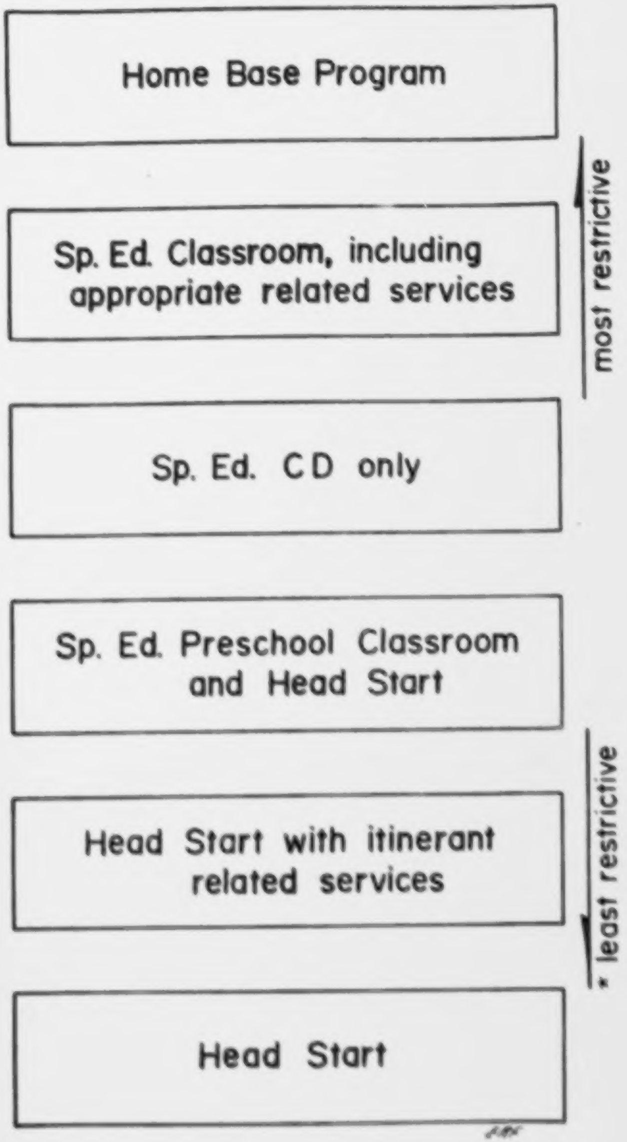
Head Start's strength as an initial identifier does not relieve the program of the responsibility for serving "more severely handicapped." Though children enrolled may later be served by district programs, Head Start maintains the obligation to continue services in cooperation with the district where that is appropriate.

This section describes the roles each agency can play in building a cooperative and integrated support system throughout the service process.

PLACEMENT PROCESS


Recruitment and Income Eligibility Application
Childfind
Acceptance and Screening
Screening
Referral
Referral to Sp. Ed. "Focus of Concern"
Diagnosis: Categorical and Functional
Eligibility Assessment
IEP
Program
Placement
Transition
Identification
Evaluation
Services
*
School District
Head Start
* If not eligible, may refer to other program

PLACEMENT OPTIONS


Home Base Program
Sp. Ed. Classroom, including appropriate related services
most restrictive
Sp. Ed. CD only
Sp. Ed. Preschool Classroom and Head Start
Head Start with itinerant related services
* least restrictive
Head Start

Considerations for placement option:

- Age of child
- Handicapping condition
- Related services needs
- Level of functioning
- Family concerns and involvement
- Medical concerns
- Geographic area
- Socialization skills
- Readiness for mainstreaming
- Previous experiences

Related services include:

- Transportation
- Occupational therapy
- Physical therapy
- Communication disorders therapy
- Medical services
- Audiology
- Psychological services
- Counseling services
- Orientation and mobility services

*NOTE: "least restrictive" should be determined on a child by child basis. The appropriate placement is that which will best meet the needs of the individual child.

IDENTIFICATION

Identification of children who may be eligible for school district and/or Head Start programs is a process that includes locating children, screening for eligibility, referral or "focus of concern", and diagnosis or eligibility assessment. Evaluation, which here is treated as a separate process, actually overlaps with identification.

STEP	HEAD START IDENTIFICATION	DISTRICT IDENTIFICATION	AREAS FOR COLLABORATION	ISSUES
1	Recruitment - Which may include flyers, posters, TV and radio announcements, contacts with local agencies, and/or a door to door campaign. Occurs throughout the year but intensifies from March through August.	Childfind - Which may include flyers, posters, TV and radio announcements, and community screening clinics. Occurs throughout the year but intensifies in April-May and August-October.	Mutual referral of children. Jointly sponsored or staffed screening clinics.	None. Staff qualifications.
2	Income Eligibility - Which includes determination and verification of the family income for the preceding calendar year. Lowest income families are accepted. Ten percent may be over income.	No income process.		
3	Documentation of Existing Handicap - When parents indicate on the initial application that the child has a handicapping condition, documentation from diagnostic or service providers must be obtained to document category and needs for further assessment or planning. This documentation enables the program to give the child priority in enrollment.	Focus of Concern - When a child has been brought to the attention of the district and a handicapping condition exists or is suspected, records from medical or other agencies are collected and reviewed to determine whether the child is a candidate for assessment.	Exchange of information. Head start referral to district prior to enrollment in the program if documentation indicates that district might be a more appropriate placement. District referral back to Head Start if child is not a candidate for assessment.	Confidentiality parent permission must be obtained for exchange of records and information or referral.

STEP	HEAD START IDENTIFICATION	DISTRICT IDENTIFICATION	AREAS FOR COLLABORATION	ISSUES
4	Acceptance and Enrollment If the child is eligible by income or documented handicapping condition he may be accepted and enrolled in the program if the enrollment is not filled. If the enrollment is filled, child may be placed on a waiting list. Enrolled child will be placed in Head Start classroom.			
5	Screening - In which health, family, and developmental information is obtained to determine the need for further evaluation or services. All enrolled children are screened including a norm-referenced screening of developmental levels, speech and language, vision, and hearing. Rescreening and observation in the classroom should occur before a child is referred for evaluation.	Screening - This may occur as part of Childfind or as a part of the information used to determine the need for assessment. Process examines developmental status across all areas. Rescreening may occur prior to determining the need for evaluation.	Exchange of screening results. Joint use of staff, facilities, equipment, materials. Joint staffing and decision-making on need for evaluation.	Confidentiality requires parent permission. Staff qualifications.

98

99

STEP	HEAD START IDENTIFICATION	DISTRICT IDENTIFICATION	AREAS FOR COLLABORATION	ISSUES
6	Referral for Evaluation - If, based on screening results, the child is suspected to have a handicapping condition, he/she should be referred to appropriate professionals for evaluation. Medical evaluation must be obtained in addition to necessary developmental evaluation.	Focus of Concern to Special Education - If the child, through evaluation/screening is determined to be a candidate for assessment she/he is referred to special education. Information may be obtained from other agencies at this time. The child may also be placed in a diagnostic classroom for 30 days with parent permission to facilitate assessment.	Head Start referral for assessment and exchange of information (screening results, etc.). Special Education may determine that there is no need for evaluation. Child will remain in Head Start program while need is determined.	Over-referral Confidentiality

100

101

EVALUATION

Evaluation of children who may be eligible for school district programs and/or for special services in the Head Start programs overlaps with the identification process. Initial focus of concern and determination of the need for assessment may have already occurred or may need to be initiated prior to instituting the processes outlined here.

STEP	HEAD START EVALUATION	DISTRICT EVALUATION/ ELIGIBILITY ASSESSMENT	AREAS FOR COLLABORATION	ISSUES
7	Assessment by appropriate professionals - Testing must be done in all areas for suspected delay by professionals trained and licensed to do such testing. Testing should lead to both a categorical diagnosis of eligibility for special services and a functional diagnoses on which to base planning. Assessment should be interdisciplinary to insure that no one person is making the diagnosis. Findings must be documented in writing.	Assessment by multi-disciplinary team - Children are evaluated by a team of appropriate professionals. The results of testing lead to the determination of the category of eligibility for services and functional information on which to base planning. Testing instruments used to determine eligibility must meet standards outlined in WAC.	District assessment of eligibility for children referred from Head Start. Head Start continues to provide program including classroom where assessment can take place. Head Start staff provides input into assessment through observation, contact/advocacy with family, and developmental assessment. Head Start assists families in understanding rights/responsibility process. Head Start provides classroom program for temporary diagnostic placement.	Staff qualifications. Limited numbers and time.

STEP	HEAD START EVALUATION	DISTRICT EVALUATION/ ASSESSMENT	AREAS FOR COLLABORATION	ISSUES
8	Diagnosis - Determines child's eligibility for special services using P.A. 26. a. Categorical - according to Head Start Diaagnostic criteria and for reporting purposes only. b. Functional - according to child's needs to be used for planning and individualized program and services. ALL enrolled children receive an ongoing developmental assessment to assist in individualized planning. ALL families receive an ongoing assessment of needs in the areas of health, nutrition, mental health, social services, and parent involvement. Services to families include linkages with other agencies, training, support, and advocacy.	Determination of Eligibility - MDT determines eligibility for services as "Developmentally Handicapped" or "Communication Disordered Only". Categorical eligibility is also determined for reporting purposes and, in the case of those with conditions other than developmentally delayed, for ease in transition. Assessment reports from MDT members are compiled into a summary analysis. Professional judgement for eligibility if MDT agrees that testing results do not adequately reflect the childs performance.	When district assesses child referred from Head Start, a Head Start staff persosn is a member of the MDT. Head Start shares information including developmental assessment results. Head start staff act as liaison between MDT and family. MDT determines elgibility according to both WAC and Head Start criteria. children may be eligible under: Head Start Regulations only Both Head Start and school district regulations Referral of children elgibile only under Head Start categories back to Head Start with recommendations for services. Referral of children ineligible under either criteria back to Head Start with recommendations for services.	Staff qualifications. Confidentiality Confidentiality Eligibility/Diagnosis Sematic conflict use of Mental Retardation, Learning Disabled, and Serious Emotional Disturbance categories in Head Start. Head Start Assessment tools the use of the same developmental assessment tool (Portage, LAP, etc.) is recommended.

SERVICES

A variety of services designed to meet the individual needs of children and families are available in both Head Start and school districts. Matching these needs with available services can expand what is offered and insured that the most appropriate placement is provided.

STEP	HEAD START SERVICES	DISTRICT SERVICES	AREAS FOR COLLABORATION	ISSUES
9	Individual Education Plan Must be developed according to 94-1a42 criteria for ever child eligible for special services. Parents must be participants in all phases of IEP development and IEP services may not be implemented without parent permission. IEPs are not limited to only the needs of the child but must indicate goals for and services to be provided to the family.	Individual Education Plan Must be developed according to WAC criteria (including 94-142 requirements) for every child eligible for services. Parents are encouraged to participate in plan development. IEP services may not be implemented without parent permission unless a due process decision rules that services will be implemented.	Head Start staff assist in IEP development when child will be placed in Head Start. Head start staff act as liaison/advocate for family.	

STEP	HEAD START SERVICES	DISTRICT SERVICES	AREAS FOR COLLABORATION	ISSUES
10	Placement - Children who remain in Head start receive comprehensive services provided to all enrolled children and families including a mainstreamed, integrated classroom setting. Appropriate adaptions may be made in the IEP limiting or expanding attendance. Children enrolled concurrently in district classrooms may also have limited attendance. Although no child may be turned away solely on the basis of handicapping condition, placement and limitations should consider the benefit of the placement to the child and harmful effects on other children.	Placement - Appropriate placement options for eligible children are based on the child's IEP and least restrictive environment requirements. Children may be placed within available district options, in classroom programs outside the district, in combined services, itinerant services, or a neighboring district.		

STEP	HEAD START SERVICES	DISTRICT SERVICES	AREAS FOR COLLABORATION	ISSUES
10 a	Placement Options - May be locally designed to meet the needs of families and the community. Options may include: Home Base Only: Where family needs are primary or child would not function or benefit in the classroom. Regular Classroom Only: Child is able to benefit from full attendance on days and during hours classroom program is available. Home Base/Classroom: Often this is the option offered to all children. Where program is center-based only and needs warrant, placement may include both. Limited Classroom: Offers limited days or hours according to child's need. May be offered when child is also placed in district program. When this placement is Head Start only, it should be offered in conjunction with Home Base. Joint Placement: Services provided concurrently with school district, each having carefully planned responsibilities for service provision.	Placement Options - A continuum of alternative placements shall be available to meet the needs of handicapped students for special education and related services. Home Base: Often selected by rural districts and districts where parent involvement is a priority. Focus is on meeting educational needs in the home setting. Preschool Handicapped Classroom: May operate up to 5 days per week for 2 1/2-4 hours a day. Provides service to children with a variety of handicaps. Includes instruction in all areas of development. Communication Classroom: Generally operates 5 days for 2 1/2-4 hours daily. Serves children with communication deficits. Includes instruction in all areas of development. Resource Room: Provides instruction in specific curriculum areas. Children receive service for only a portion of the day or week. Special Education Classroom: Provides services to a wide age range with varying condintions. Curriculum includes all areas of development.	Head Start staff assist in the placement decision for children referred from the program. Options for children referred/enrolled by Head Start who are eligible for other programs. Head Start classroom only. Head Start classroom with district itinerant services. Head Start classroom with district home base. (With or without itenerant services.) Head Start classroom partime/district classroom part time. Head Start Home-Base with district classroom. Head Start Home-Base with itinerant services. Options for children eligibile for district programs but not eligible for Head Start. Similar servicess may be available through contractual arrangements.	Head Start eligibility as a non-public agency. Programs must meet eligibility guidelines and obtain non-public status prior to contracting with a school district. (see Appendix for process) Head Start may continue to enroll a child if the parents desire it, when the district is unable to provide a needed service and if no duplication of service exists. Often staff qualifications are an issue in Head Start eligibility for Non-Public Agency status. When this is the case, contracts may provide a special education teacher stationed in or providing regular hands on services to Head Start. Head Start must apply for and receive status as a Non-Public Agency. Head Start enrollment is limited to a given number of children. Only 10% of enrollment may be over income.

STEP	HEAD START SERVICES	DISTRICT SERVICES	AREAS FOR COLLABORATION	ISSUES
10 a Cont'd		Operates five days per week for length of school day or as appropriate for individual child. Placement Outside District: In approved developmental disability programs, Head Start, districts or other programs. Itinerant Services: Services delivered by individual therapists at child's home school or in the child's home.	Options available for children not eligible for services but eligible for Head Start special services. Contractual arrangements may be made to provide support to staff and/or itinerant therapy services to children.	Head Start may contract to serve non-eligible children if: 1) enrollment will to alter mandated adult/child ratios; 2) enrollment will not alter ratio of handicapped/nonhandicapped; 3) contract provides sufficient funding to provide staff, space and services to maintain ratios.
10 b	Transition - When children are age-eligible for district programs, or when the age-eligible child moves from a sending agency to Head Start. Head Start must insure that information regarding the child's needs and progress is shared with the receiving district and that parents' needs and wishes are adequately represented.	Transition - When the child becomes eligible for 3-5 year old programs or for school-age programs. Child must be reassessed and a new IEP developed.	Sharing of information. Head start acts as liaison between district and family.	Confidentiality Three year olds Head Start programs primarily provide services to children in the year before they are eligible for regular district programs. Head Start may make a local decision to serve three year olds if the need warrants service and parents and the district agree that Head Start is the most appropriate placement. School age districts often ask Head Start to serve children who are school age, but are "not ready" for public school programs. This may be done only if: 1) the child is eligible for Head Start in both income and need for special services and; 2) the case is reviewed by ACYF/ROX and RAP and it is agreed that the child should be enrolled.

NON-EDUCATIONAL SERVICES

Head Start and school districts are able to provide a variety of services that indirectly affect the child. Staff training and opportunities for parent participation are often areas overlooked in the variety of services each agency may offer.

HEAD START	DISTRICT	AREAS FOR COLLABORATION	ISSUES
Parent Participation Is mandated in Head Start and must include training, assistance in getting needed resources, opportunities to volunteer, and participation in program decision making. Specific opportunities vary from program to program.	Parent Participation - Is mandated throughout the evaluation and placement process. May range from getting parent concent and participation in IEP development to home base programs, training and/or support groups, counselling, and participation on district decision making.	Depends upon local option. Head Start and districts might jointly offer: 1) training on child development, behavior management teaching techniques; 2) opportunities for parents to learn advocacy; 3) support groups for parents of handicapped children.	
Staff Training - Is mandated in Head Start in a variety of areas including working with handicapped children, training, usually includes preservice, monthly inservice, and attendance at state-wide, regional, or other training available and appropriate. A regional Support grantee and a resource support grant are available to assist in locating training or in providing training. Audio visual materials are also available from these agencies. Child Development Associate training is also provided locally.	Staff Training - Training in needed areas is often provided by districts through local inservice, statewide inservice days, regional ESD sponsored institutes, and attendance at other workshops and conferences. Many ESDs have audio visual training materials available for staff.	Depends on local options. Information on local or other training shared. Use of Head Start and/or district staff as trainers. Participation of district classified staff in CDA training. Sharing of information on available audio visiual materials.	

HEAD START	DISTRICTS	AREAS FOR COLLABORATION	ISSUES
Space, Equipment, and Materials - Must provide space that meets performance standards size guidelines, local health, fire, and safety guidelines, and provided in section 504 of the Federal Disabilities Act. Equipment and materials must be appropriate for the child's needs, and safe for use.	Space, Equipment, and Materials - Must provide space that meets WAC size guidelines, local health fire, and safety guidelines provided in section 504 of the Federal Disabilities Act. Same as Head Start.	Sharing of space: districts or Head Start programs may contract for unused space in other's facility. Equipment or materials not currently used in one program may be shared with another if there is need. An example might be use of a prone board.	Space must meet guidelines. Location of Head Start and district preschool programs in the same facility can ease transportation problems in concurrent placements. Agreements regarding responsibility for placement if equipment is lost or destroyed.

SAMPLE PLACEMENT AND SERVICE DECISIONS

Contract A - In which Head Start is eligible for and receives Approved Non-Public Agency Status.

Contract B - In which Head Start may or may not have Approved Non-Public Agency status and contracts with districts for services.

SAMPLE CHILD CHARACTERISTICS	SCHOOL DISTRICT INVOLVEMENT	HEAD START INVOLVEMENT	REQUIREMENT FOR PLACEMENT	OTHER AGENCY INVOLVEMENT	MDT
Communication Disorder Developmentally at age level Head Start eligible	Assessment CDS Services	Classroom Comprehensive Services to Child and Family	Contract A		CDS Head Start Handicap Coordinator Head Start Teacher
Behavior Problems Mild Social Delays Not District Eligible Head Start Eligible as Emotionally Disturbed	Assessment Technical Assistance from school Psychology Services	Classroom Comprehensive Services to Child and Family	Agreement Contract B	Mental Health Assessment Technical Assistance Provided by Mental Health Specialist	School Psychologist or other Agency Mental Health specialist Head Start Handicap Coordinator Head Start Teacher
Developmentally Delayed language and motor Head Start Eligible Meets Mainstream Criteria	Assessment CDS Services OT/PT Services Special Education technical assistance	Classroom Comprehensive Services to Child and Family	Contract A		School Psychologist CDS, OT, PT, SPED Head Start Handicap Coordinator Head Start Teacher

SAMPLE CHILD CHARACTERISTICS	SCHOOL DISTRICT INVOLVEMENT	HEAD START INVOLVEMENT	REQUIREMENT FOR PLACEMENT	OTHER AGENCY INVOLVEMENT	MDT
Overall Developmental Delay Head Start Eligible Family Concerns	Assessment Special Education Classroom (emphasis on skill development) CDS, OT, PT	Classroom (emphasis on generalization of skills) Comprehensive Services Social Services	Contract A	DSHS	School Psychologist CDS, OT, PT, SPED, Head Start Handicap Coordinator, DSHS Caseworker
Developmental Handicap Meets Mainstream Criteria Social/Emotional Concerns Family Concerns Not Head Start Eligible	Assessment SPED Classroom CDS, OT, PT	Classroom (part-time) Comprehensive Services Service to Family Home Program	Contract A if within 10% of over-income or child may receive Head Start services if it does not disrupt aadult child ratios and all costs are paid.	DSHS	Same as Above

APPENDIX I

THE OSPI/ACYF
COLLABORATIVE AGREEMENT

THE OSPI/ACYF COLLABORATIVE AGREEMENT

INTRODUCTION

A 1978 memorandum issued jointly by the Administration for Children, Youth, and Families and the Bureau for the Education of the Handicapped provided an initial policy statement regarding the development of cooperative service agreements for the provision of services to handicapped children. Although, at that time, services to the preschool population were not mandated by Public Law 94-142 nor by the Washington Administrative Code, it was clear that school districts were the foremost providers of special education services in communities.

Assessment services, program planning and implementation, and related services not always accessible in rural communities were mandated functions of school district compliance with Public Law 94-142. Head Start programs, with a mandate to make 10% of their enrollment available to children with handicapping conditions, often had to seek these services outside of the community. With a commitment to cooperation from ACYF and BEH, Head Start could now begin to approach districts for local services and support and collaborate by providing early intervention for identified children in the integrated setting of a Head Start classroom.

In 1980 an agreement was signed between Region X ACYF and the Office Of The Superintendent of Public Instruction. This agreement strengthened the initial national commitment to cooperation by encouraging the development of local agreements. By 1984, some 16 written agreements existed between Head Start programs and school districts or Educational Service Districts. These agreements ranged from full services for eligible children to simple agreements for the exchange of information. By 1983, Head Start programs were reporting children on district child counts and receiving 94-142 flow through monies.

The 1984 implementation of the Preschool Mandate has changed the complexion of cooperative agreements. Because eligible children are now the responsibility of school districts, several new issues have arisen regarding cooperation and distribution of funds. Because of these changes, a new state agreement has been drafted.

Although the new ACYF/OSPI agreement remains basically unchanged, an action plan detailing activities designed to assist local programs in dealing with new issues has been added.

APPENDIX 2

LAWS PERTAINING TO SERVICES TO HANDICAPPED PRESCHOOL CHILDREN IN HEAD START AND SCHOOL DISTRICTS

LAWS RELATED TO SERVICES TO PRESCHOOL CHILDREN WITH HANDICAPPING CONDITIONS

Service	94-142	WAC	Head Start
FREE. APPROPRIATE PUBLIC EDUCATION	Special Education and related services at public expense; provided according to individualized education programs. 121a.4 Timelines, methods, types, services, options, etc. 121a.300 121a.300-.307	Each school district shall provide every handicapped student between the ages of three and twenty-one a free and appropriate educational program consisting of special education and related services. 392-171-325	Grantees and delegate agencies must take the necessary steps to insure that all handicapped children receive the full range of comprehensive services normally available to Head Start children, including mainstreaming into all regular settings and services. TN 73.4-.1 At least 10% of the funded enrollment in each grantee stipulated in notice of grant award must be filled with Head Start eligible children meeting the Head Start diagnostic criteria who, by reason thereof, require special education and related services, and for whom an Individual Education Plan has been prepared. Provide at least 10% of the enrollment by grantee. TN 75.11 Provide for the screening and recruitment of handicapped children in numbers sufficient to contribute to the grantee goal of no less than 10%. PS 1305-12
CHILDFIND			
Outreach/ Recruitment	Identify, locate, and evaluate all children who are in need of special education and to	The local district shall conduct Childfind activities to locate and identify students with a	Recruitment of children, taking into account the demographic make-up of the commun-

NOTE: All 94-142 requirements apply to both school districts and Head Start programs.

Service	94-142	WAC	Head Start
Outreach/ Recruitment (con.)	determine which are not receiving needed services. 121a.220	suspected handicapping condition who are residing within the boundaries of the district and not currently receiving special education services. 392-171-336	ity and the needs of the children and families, and; recruitment of handicapped children. 1304.4-2(a) (1-2) In cooperation with other community groups and agencies serving handicapped children, Head Start programs should develop out reach and recruitment procedures to identify and enroll children with handicapping conditions. TN 73.4(rev.)1a
Enrollment	Full education opportunity. 121a.304	. . . district may provide special education and related services to handicapped students in the zero to one, one, two, three, and four year-old age groups without being obligated to extend preschool programs to non-handicapped children. 392-171-325 C21	No child may be denied admission to Head Start solely on the basis of the nature or extent of a handicapping condition unless there is a clear indication that such a program might prove detrimental to a child. Identify and enroll handicapped children who meet eligibility requirements and whose parents desire the child's participation. TN 73.4 30A2 Regional Office will negotiate an enrollment level for the program for all children, including a projection of the number of handicapped children to be served. TN 73.4

Service	94-142	WAC	Head Start
Eligibility Age	F.A.P.E. available for ages 3 through 21.	. . . Between the age of three and twenty-one. The date of eligibility to begin receiving services shall be the child's birthdate. 392-171-325(1)	Age 3 years to public school age.
Diagnostic/ Eligibility Categories	Child needing special education who is mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, emotionally disturbed, orthopedically or other health-impaired, specific learning disability, multi-handicapped, deaf-blind. 121a.5	Developmentally Handicapped: 1. Orthopedically impaired 2. Health Impaired 3. Deaf 4. Hard of Hearing 5. Visually Handicapped 6. Deaf-Blind 7. Developmentally Delayed 8. Communication Disordered Only 392-171-382/396/401/436/441/446/451/391	1. Blindness 2. Visual Impairment 3. Deafness 4. Hearing Impairment 5. Physical Handicap (orthopedic Handicap) 6. Speech Impairment (communication disorder) 7. Health Impairment 8. Mental Retardation 9. Serious Emotional Disturbance 10. Specific Learning Disabilities TN 75.11 Children with milder handicapping conditions (e.g. children with visual problems correctable with eye-glasses) fall outside the scope. TN 73.4 TN 75.11
Screening		Childfind activities may include . . .: Preschool Developmental screening. 392-171-336 Screening results may be included in the child's testing records to: a. Indicate areas in need of further testing;	Grantees must ensure that all Head Start children receive a comprehensive health and developmental screening, including those for whom a definitive diagnosis has been completed prior to their enrollment in Head Start.

Service	94-142	WAC	Head Start
Screening (con.)		b. Substantiate areas found to be significantly delayed in the formal testing process; c. Indicate areas of development requiring the assembly of additional outside records.	Care must be taken to ensure that screening is done with appropriate instruments. Screening must be completed within 45 calendar days of the child's first day of program attendance. TN 73.4(4a) Complete, up-to-date medical, dental, and developmental histories will be obtained and recorded, although health screening will be performed. PS 1304.3-3(a) Health screenings will include 1. Growth assessment 2. Vision testing 3. Hearing testing 4. Hemoglobin or hematocrit determination 5. Tuberculin testing 6. Urinalysis 7. Based on community health problems, other selected screenings where appropriate 8. Current immunization status 9. Procedures in effect for identifying speech problems . . . 10. Identification of the special needs of handicapped children. PS 1304.3-3(b)

Service	94-142	WAC	Head Start
EVALUATION/ ASSESSMENT			
Requirements	Required prior to special placement. 121a.531 Defined - 121a.500	If good reason to believe student is a candidate for special education. 341.1	Needs assessment, screening, diagnostic procedures should address all handicaps specified . . . provide adequate basis for special education, treatment and related procedures for ongoing observation, recording, and evaluation. P.F. 1304.2-2(d) During the course of (health) screening, procedures must be in effect for identifying speech problems, determining their cause and providing services. P.F. 1304.3-3(b)(9) Identification of the special needs of handicapped children. P.S. 1304.3-3 Diagnostic procedures must be undertaken within 15 days of identification or screening.
Consent	Written parental consent required prior to assessing need for special education. 121a.504(b)(1)(i) Defined. 121a.500 Required prior to placement. 121a.504(b)(ii) Procedures when parent refuses. 121a.504(c)	Written parental consent required prior to assessing need for special education. 341.2(b) Parents' refusal may be overridden at a hearing. 531.0(ii)	Assurance that in all cases parents will be told the nature of the data to be collected and the uses to which the data will be put, and that the uses will be restricted to the stated purposes. P.F. 1304.3-5 Parental consent for special mental health services. 1304.3-8(b)

Service	94-142	WAC	Head Start
Instruments/ Procedures	In child's normal mode of communication or native language. 121a.532(a)(1) Reflect aptitude, not impaired skills. 121a.532(c) Nondiscriminatory as to race, culture, handicap. 121a.532(c) Multi-faceted. 121a.532	In child's normal mode of communication of native language unless clearly not feasible. 351(6) Nondiscriminatory racially or culturally. 351(3) By multi-disciplinary team. 351(1) An all areas related to the suspected disability. 392-171-346 Materials validated for the specific purpose for which they are used and shall accurately reflect whatever factors the tests purport to measure. 329-171-351(4) Administered by qualified personnel. (5) Assessment data shall be summarized in writing, dated and signed by each person conducting an assessment. (8)	Must ensure that initial identification is confirmed or denied by professionals trained in assessing handicapping conditions. TN 75-11 Appropriate steps on conjunction with health and education services to refer children for diagnostic examination to confirm that their emotional or behavioral problem does not have a physical basis. Mental health professional available to advise and assist in developmental screening and assessment. 1304.3-8(c)(4) Confirmed by professionals trained in assessing handicapping conditions. TN 75.11 Diagnosticians must be oriented to Head Start legislative mandate and diagnostic criteria. 75.11 Functional Assessments must be available on all diagnosed children which specifies current level of functioning. 75.11 Diagnostic resource providers must be identified including available multi-disciplinary team capabilities.

Service	94-142	WAC	Head Start
Independent Evaluation	At public expense of school's evaluation inappropriate. 121a.503(a)(3)(ii) & (b)		
Re-evaluation/ Assessment	At least every three years. 121a.534(b) Anytime at parental or teacher request or if warranted. 121a.534(b)	Every three years. 392-171-516/ 384 When child moves from "birth to three" eligibility to "three to age of eligibility to first grade", and again when they move into first grade. 392-171-384	Ongoing observation, recording and evaluation of each child's growth and development for the purpose of planning activities to suit individual needs. 1304.2-2(d) Functioning must be observed on an ongoing basis and the assessment carried out on a planned, periodic basis that takes into account the dynamic process of growth and development. TN 73.4 TN 75.11
IEP Requirement	Written statement required for every handicapped child to assure appropriate educational program. 121a.330		Provide strategies for achieving educational objectives. P.F. 1304.2-2(a) Planning activities to suit individual needs. P.F. 1304.2-2(d) Having a curriculum which is relevant and reflective of population served. P.F. 1304.2-2(c)
Participants	Parents, child's teachers, special education administrator, child (if appropriate), others	Parents. child's teachers, special education administrators, child (if appropriate), member	Oppurtunities for involving parents in meeting with the Head Start teachers and other

Service	94-142	WAC	Head Start
IEP (con.) Participants (con.)	knowledgeable (including attorney or advocate). 121a.344-5	of assessment team, others. 456(1) School district must take steps to assure parents participation. 456(2)-456(b)	appropriate staff for discussion and assessment or their children's individual needs and progress. 1304.5-3(g) Team which includes: a. Handicap Service Coordinator or designee b. Teacher or home visitor c. One or both of child's parents or guardian d. Professional diagnosticians who evaluated the child or someone knowledgeable about the evaluation e. LEA representative when appropriate f. Other individuals invited at the discretion of the Head Start program. TN 73.4 rev. (s)
Content	Present level of educational performance. 121a.346(a) Language/short range instructional objectives. 121a.346(b) Specific educational and related services. 121a.346(c) Extent of regular classroom participation. 121a.346(c) Dates of initiation and termination of services. 121a. 346(d) Evaluation criteria. 121a.346(e)	Same as P.L. 94-142 461(1)(b) 461(1)(c) 461(1)(c) 461(1)(d) 461(1)(c)	Organized series of experiences designed to meet the individual needs of participating children, the special needs of handicapped children. 1304.2-2(a) Integrating aspects of other Head Start components into the daily education services program. 1304.2-2(c) . . . must include: a. Statement of present level of functioning b. Statement of annual goals

Service	94-142	WAC	Head Start
IEP (con.) Content (con.)			including short term objectives c. Statement of needed services to be provided by each Head Start component d. Statement of specific special education services to be provided and those related services necessary for the child to participate in a mainstreamed program e. Identification of persons responsible for the delivery of services f. Projected dates for initiation . . . and anticipated duration g. Statement of objective criteria and evaluation procedures.
Effective Date	As soon as possible after IEP meeting. 121a.342(b)(2).	Same as P.L. 94-142.	The development of the IEP and the services specified therein must be initiated within 30 calendar days of the completion of the diagnosis, or the first day of program attendance. 73.4(5)
Placement Decisions	Group decision. 121a.533(a)(3) Based on many factors. 121a.533(a)(1)	At meeting or within 10 calendar days. 466	Considers a variety of program options for providing services. T.N. 73.4 Mainstream environment. T.N. 75.11

Service	94-142	WAC	Head Start
IEP (con.) Review		At least annual review. 456(8), 511(1)	...within one year of the development of the original document. 73.4(5)
PLACEMENT OPTIONS	Include...instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions. 121a.551(b)(1) Make provision for supplementary services to be provided in conjunction with regular class placement. 121a.551(b)(2)	...based upon: a. student's IEP; b. least restrictive environment requirements; c. option or combination of options that provides a reasonably high probability of assisting the student to attain... annual goals; and; d. a consideration of and potential harmful effect on the student or the quality of services which he or she needs.	Head Start programs permitted and encouraged to consider several program models.. and select the program option best suited to the needs of the children served and the capabilities and resources of the program staff. The program options...are as follows: The Standard Head Start Model Variations in center attendance Double sessions Home-based models Locally designed variations N-30--34-1-20 Programs are encouraged to explore various options in the enrollment of children with handicapping conditions. A. Joint Placement with other agencies B. Shared Provision of services with other agencies T.N.73.4(13)(A)(a)

Service	94-142	WAC	Head Start
SERVICES			
Least Restrictive Environment	To maximum extent appropriate, handicapped must be educated with non-handicapped; segregation of handicapped occurs only when school district shows that education in regular classes with supplementary aids and services is unsatisfactory. 121a.-50 Extent of LRE described in IE. 121.346(c)	Same as 94-142 in school where child would ordinarily attend unless IEP to contrary. Includes non-academic settings such as recess, recreation. 471	Serve handicapped children i an integrated setting or mainstream environment. TN 75.11 Provide handicapped children and children with special needs with the necessary services which will ensure that a child and family achieve the full benefits of participation in the program. P.S. BO4.3-7 The equipment and materials shall be geared to the age, ability, and developmental needs of the children. P.F. BO4.3(b)(3) Children with diagnosed handicapping conditions... mainstreamed into the full range of activities and services normally provided to all Head Start children. T.N. 73.4(rev)
Related Services	All handicapped children, regardless of placements, must be provided all developmental, corrective and other support services needed for child to benefit from special education. 121a.13	Services provided by classified staff which provide assistance for handicapped students and certificated staff to achieve placement in LRE. Services provided by certified staff which provide for the handicapped students safety and/or personal care and	Program services must includ the full range of comprehensive services normally provided. Services must be consistent with H.S. Perf. Stand. and special needs of child and family. TN 73.4(6)(0)

Service	94-142	WAC	Head Start
Related Services (cont.)	Included are: Early Identification 121a.13(b)(3) Diagnostic Medical Services (b)(4) Occupational Therapy (b)(5) Physical Therapy (b)(7) Recreation (b)(9) Speech Pathology (b)(12) Transportation (b)(13) Audiology (b)(1) Counseling (b)(2) Parent Counseling & Training (b)(6) Psychological Services (b)(8) School Health Service (b)(10) Social Work Services in Schools (b)(11)	instructional assistance. 320.15(a)(b) ...transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped student to benefit from special education, and includes communication disorders services and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in student, counseling services, medical services for diagnostic or assessment purposes, and orientation and mobility services. ...also includes school health services, social work services in schools, parent counseling and training, and classified staff services. 392-171-320	Certain children may need to receive special services in a separate program setting either alone or with other handicapped children. TN 73.4(4)(c) Treatment and follow-up services which include obtaining and arranging for treatment of all health problems detected. P.F. 1304.3-4(a)(1) Providing special help for children with atypical behavior or development. P.S. 1304.3-7(5) Services may include but are not limited to special education, counseling of children and parents, therapeutic recreation services and therapy such as speech, communication, physical, occupational and psychological. H.S. is responsible for arranging or procuring these services, but is not necessarily responsible for providing these services directly. TN 73.4(8) rev. Programs are encouraged to explore various options in the enrollment of children with handicapping conditions. TN 73.4(12) rev.

Service	94-142	WAC	Head Start
Length of Service		. . . at least as long as the education program for non-handicapped students in terms of both the number of school days in the regular school year and the average number of hours per school day. NOTE: Since school districts do not provide services to 3 and 4 year old non-handicapped children, this requirement does not apply.	Minimum 32 weeks of actual program operation. Reg. Let. F-7
Attendance			Must be maintained at 85% of funded enrollment. Fed. Reg. Vol. 44 #214 Reg. Let. G-7 Attendance of handicapped children rated according to attendance at all services specified on IEP.
Staffing Qualifications		All employees shall hold such credentials, certificates, or permits as are now or hereafter required by the State Board of Education for the particular position of employment and shall meet such supplemental standards as may be established by the school district of employment. 392-171-706	At discretion of individual grantee.
Class size			Three year olds: 13-17 children per classroom. 4:1 adult/child ratio. Four year olds: 12-15 children per classroom. 5:1 adult/child ratio.

Service	94-142	WAC	Head Start
Class size (con.)			Five year olds: 15-21 children per classroom. 5:1 adult/child ratio.
PARENT INVOLVEMENT	Informed consent for evaluation. 121a.504 Informed consent for services. 121a. Participation in IEP. 121a.345	"Strongly encouraged" to involve families in their children's programs. Sub. H.B. 1311 Same as 94-142.	See Evaluation and IEP. Planned program of experiences and activities which support and enhance the parental role as the principal influence in their child's development. 1304.5-1(a) Parent training in the observation of growth and development of their children in the home environment and identification of and handling special developmental needs. 1304.2-2(3) (3) Methods for assisting parents in understanding and using alternative ways to foster learning and development of their children. 1304.2-2(a) Methods and opportunities for involving parents in: health mental health, dental and nutritional education. 1304.5-3 Participation in staff-parent conferences. 1304.2-2(e) (4) . . . must ensure that parent of children with handicapping

Service	94-142	WAC	Head Start
PARENT INVOLVEMENT (con.)			conditions are provided the same opportunity to participate in the full range of activities and services that are offered to all Head Start families. . . must involve . . . in activities related to their child's unique needs, including the procurement and coordination of specialized services and follow-through in the child's treatment. T.N. 73.4 1.b(rev)
DUE PROCESS	Parent or a public educational agency may initiate a hearing... 121a.506(a) Conducted by State educational agency or public agency. 121a.506(b) Agency shall inform parent of any free or low cost legal services. 121a.506(c) May not be conducted by employee of agency. 121a.507	By parent to challenge or show appropriateness of district proposal or rejection of parental request. 531(1) At expense of school district. 356(a) Inform parents of free or low-cost legal and other relevant services of requested. 536(c) (i)	Technical and other support needed to enable parents and area residents to secure on their own behalf available assistance from public and private sources.
RECORD KEEPING/ ACCESS/ CONFIDENTIALITY	Examine all records regarding identification, evaluation, placement. FAPE. 121a.502 Parent consent before school releases records. 121a.571	Examine any records relating to child. 596 Parent consent prior to release. 631(2)	Establishment, maintenance and confidentiality of records. 1304.4-2(c) Giving parents a summary of records which include follow-up treatment. 1304.3-5(c)

Service	94-142	WAC	Head Start
RECORD KEEPING/ ACCESS/ CONFIDENTIALITY (con.)	Access right of parents. 121a.562 Parents may request amendment. 121a.567 Hearings to challenge records. 121a.568-570 See also Buckley Amendments. 20 USC 1232g	Parent may request amendment. 621(1) Hearings available. 626 Access logs.	Use of legislated definitions to report child. T.N. 75.11 Procedures instituted to insure that no individual child or family is mislabled or stigmatized with reference to a handicapping condition. T.N. 73.4 Records of outreach, recruitment and services . . . must be maintained. . . . Each grantee and delegate must report on services to children with handicapping conditions as required by ACYF. T.N. 73.4(6) (rev.)
INTERAGENCY COLLABORATION/ JOINT SERVICES	Each state may use whatever state, local, federal, and private sources of support are available in the state to meet the requirements of this part. A state could use joint agreements between the agencies involved for sharing the cost... 94-142 121a.301 Mobilizing school and community resources to enable the child to receive maximum benefit from his or her education program. 121a.13(b) (11)	Enter into interdistrict agreements with another school district. 392-171-491a Contract with non-public and public school agencies for special education and related services for handicapped students. 392-171-491(b)	Ensure that other agencies continue to provide appropriate services. T.N. 73.4(7 Cooperative activities with other agencies. T.N. 73.4(7) (a-f) Maintain records of action to seek support and involvement of other agencies. T.N. 73.4(7) Work closely with other agencies and organizations to identify and provide full range of services. T.N. 75.11

Service	94-142	WAC	Head Start
INTERAGENCY COLLABORATION/ JOINT SERVICES (con.)			Identification of social services needs . . . and working with other community agencies to develop programs to meet those needs. 1304.4-2(9) Establishing a role of advocacy and spokesman for Head Start families. 1304.4-2(7) Close cooperation with existing community resources. 1304.4-2(b)(1-5) ...ensure that...agencies continue to provide services for which they have been responsible...use other community agencies and resources to supplement services.... responsibility for ensuring that services provided to Head Start children by other agencies by collaborative arrangements lies with Head Start and must meet all the requirements of Head Start policy and procedure. T.N. 73.4(14)(rev.)
TRANSITION			...in cooperation with the childs parents, must notify the program of the childs' planned enrollment prior to the date of enrollment. It is Head Start responsibility to initiate and carry out this transition.

Service	94-142	WAC	Head Start
			....must consider: a. childs readiness b. timely transfer of appropriate records c. cooperation of all parties d. continued parent involvement T.N. 73.4(8)(rev.)
FACILITIES/HEALTH/SAFETY	Special classes, separate schooling, etc., may occur only if education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. Handicapped children are to be educated with non-handicapped children to the maximum extent appropriate. 121a.550	Construction of facilities in accordance with state school superintendent rules. 711 Specialized equipment (ramps, etc.) if necessary to provide special education. 320(14)(c) If a school district...operates a facility that is identifiable as being for handicapped students, the district shall assure that the facility and the services and activities provided therein are comparable in quality to the district's facilities, services and activities for non-handicapped students. 392-171-716	Adequate provisions shall be made for handicapped children to ensure their safety and comfort. 1304.2-3(a)(13) Geared to age, ability, and developmental needs. 1304.2-3(b)(3) Accessible, attractive and inviting. 1304.2-3(b)(6) Programs must be accessible to handicapped persons. Program services as a whole must be accessible. Structural changes made only if alternatives are not possible. T.N. 80.4(1) Must complete 504 self-evaluation process. T.N. 80.4(6) It is necessary that any archetectural barriers which prohibit the participation of children, parents or staff with handicapping conditions be eliminated. T.N. 73.4(7)(rev.)

QUESTIONS FREQUENTLY ASKED ABOUT LAWS
RELATING TO HEAD START-SCHOOL DISTRICT COLLABORATION

1. How can I reach the mandated 10% of funded enrollment if all the children I identify end up being enrolled in school district programs?

   If the child was initially enrolled in a Head Start program, received a complete screening and began Head Start services and was later determined eligible for and enrolled in a school district program, that child may be counted on the PIR. In addition, consider that not all children who are eligible under the Head Start Diagnostic Criteria are eligible under the WAC Eligibility Criteria. Be sure to request that district assessment personnel determine if the child qualifies for services under the Head Start criteria.

2. If a child is receiving services in both Head Start and school district programs, how do I count his/her Head Start attendance?

   Attendance of such a child should be indicated in the IEP. Absence from Head Start services can then be noted according to expected attendance. Attendance should be counted at all IEP services including therapy and home visits.

3. Can Head Start serve three year-olds? School age children?

   Three year old children may be served at the program's discretion if special needs warrant service or where an older sibling is enrolled. Slots should not be reserved for three year olds. School aged children are the responsibility of the district. They may be served if all parties agree that Head Start would be the most appropriate placement for the child and on individual case review by Region X ACYF and RAP.

4. What if a parent insists on a Head Start placement?

   An eligible child may continue Head Start enrollment if the parent refuses placement in district programs.

5. Head Start programs do not usually have certified staff. How can they meet requirements as a non-public agency?

Head Start can either hire a certified staff person who will provide regular "hands-on" intervention, or, receive as part of the district contract a qualified staff person.

6. The school district does not report children by Head Start Diagnostic Criteria. How can I count them on the PIR?

Districts use the WAC Eligibility Criteria for reporting. However, the MDT can separately report children according to Head Start Criteria to ensure that they are eligible for Head Start services. Work with the MDT to insure that children receiving concurrent services or children who are not eligible for district services are reported in a way that can be counted on the PIR. Remember that Head Start categories are for reporting purposes only.

APPENDIX 3

HEAD START INCOME GUIDELINES

hds
human development services

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children, Youth and Families

1. Log No. ACYF-IM-85-12	2. Issuance Date: MAR 22 1985
3. Originating Office: ACYF/Head Start Bureau/Prog. Operations Div	
4. Key Word: 1985 Income Guidelines	5.
6.	7.

INFORMATION MEMORANDUM

TO:	All Head Start Grantees and Delegate Agencies
SUBJECT:	The 1985 Family Income Guidelines
BACKGROUND:	Section 652 (a) (b) of Public Law 98-558, the "Head Start Act of 1984" provides for periodic revision of the poverty line by "multiplying the official poverty line (as defined by the Office of Management and Budget) by the percentage change in the Consumer Price Index during the annual or other interval immediately preceding the time at which the revision is made." The attached Family Income Guidelines reflect recently revised poverty line data.
LEGAL AND RELATED REFERENCES:	Head Start Act of 1984, Section 652 (a) (b). Eligibility Requirements and Limitations for Enrollment in Head Start (45 CFR Part 1305.2(b) (1)).
INQUIRIES TO:	Contact the appropriate Regional Office.
EFFECTIVE DATE:	Immediately

Dodie Livingston
Commissioner

Administration for Children, Youth and Families Notice

1985 Family Income Guidelines

FAMILY INCOME GUIDELINES FOR ALL STATES EXCEPT ALASKA AND HAWAII

Size of Family Unit	Income
1	$ 5,250
2	7,050
3	8,850
4	10,650
5	12,450
6	14,250
7	16,050
8	17,850

For family units with more than 8 members, add $1,800 for each additional member.

INCOME GUIDELINES FOR ALASKA

Size of Family Unit	Income
1	$ 6,560
2	8,810
3	11,060
4	13,310
5	15,560
6	17,810
7	20,060
8	22,310

For family units with more than 8 members, add $2,250 for each additional member.

INCOME GUIDELINES FOR HAWAII

Size of Family Unit	Income
1	$ 6,040
2	8,110
3	10,180
4	12,250
5	14,320
6	16,390
7	18,460
8	20,530

For family units with more than 8 members, add $2,070 for each additional member.

APPENDIX 4

HEAD START DIAGNOSTIC CRITERIA

DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START

All children reported in the following categories* must have been diagnosed by the appropriate professionals (listed by handicapping condition on page viii) who work with children with these conditions and have certification and/or licensure to make these diagnoses. These professionals must take into consideration the cultural/ethnic characteristics of the Head Start children.

To be counted as handicapped, children must meet two criteria. They must have one of the following handicapping conditions (by professional diagnosis) and, by reason thereof, require special education and related services.

BLINDNESS

A child shall be reported as blind when any one of the following exists: (a) the child is sightless or has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the state of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

VISUAL IMPAIRMENT

A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.

DEAFNESS

A child shall be reported as deaf when any one of the following exists: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness has been made in the state of residence.

---

* Multiple handicaps: Children will be reported as having multiple handicaps when, in addition to their primary or most disabling handicap, one or more other professionally diagnosed handicapping conditions are present.

DIAGNOSTIC CRITERIA (continued)

HEARING IMPAIRMENT

A child shall be reported as hearing impaired when any one of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) hearing loss from 26–92 decibels (ANSI 1969) in the better ear.

PHYSICAL HANDICAP (ORTHOPEDIC HANDICAP)

A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include, for example, spina bifida, loss of or deformed limbs, burns which cause contractures, and cerebral palsy.

SPEECH IMPAIRMENT (COMMUNICATION DISORDER)

A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. This category excludes conditions of a transitional nature consequent to the early developmental processes of the child. When speech and language disorders accompany conditions of hearing loss, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments, the child should be reported under the most disabling problem.

HEALTH IMPAIRMENT

These impairments refer to illness of a chronic nature or with prolonged convalescence including, but not limited to, epilepsy, severe asthma, severe cardiac conditions, severe allergies, blood disorders (e.g., sickle cell disease, hemophilia, leukemia), diabetes, neurological disorders, or autism.

MENTAL RETARDATION

A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e., finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation).

DIAGNOSTIC CRITERIA (continued)

SERIOUS EMOTIONAL DISTURBANCE

A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include, but not be limited to, the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, or psychotic.

SPECIFIC LEARNING DISABILITIES

These disabilities refer to a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Not included are learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. For preschool children, precursor functions to understanding and using language spoken or written, and computational or reasoning abilities are included.

NOTE:

The following are considered appropriate diagnostic professionals for each of the handicapping conditions:

Blindness and Visual Impairment: ophthalmologists, optometrists

Deafness and Hearing Impairment: otolaryngologists, audiologists

Physical Handicap (Orthopedic): orthopedists, physiatrists

Speech Impairment: otolaryngologists, speech pathologists

Health Impairment: pediatricians, general practitioners, psychiatrists, psychologists

Mental Retardation: pediatricians, psychiatrists, psychologists

Serious Emotional Disturbance: psychiatrists, psychologists

Specific Learning Disabilities: psychiatrists, psychologists, educators with at least a Masters degree in Special Education and with specific training in diagnosis of learning disabilities.

Further, if a child has been professionally diagnosed as having more than one handicap, it is necessary to decide under which category of handicap to include this child for reporting purposes. NO INDIVIDUAL CHILD SHOULD BE REPORTED OR COUNTED IN MORE THAN ONE CATEGORY. SO IF A CHILD HAS BEEN PROFESSIONALLY DIAGNOSED AS HAVING MORE THAN ONE HANDICAP, IDENTIFY WHICH HANDICAP IS THE MOST DISABLING AND COUNT THAT CHILD ONLY IN THE ITEMS FOR THE MOST DISABLING HANDICAP.

APPENDIX 5

WAC ELIGIBILITY CRITERIA

Chapter 5

ELIGIBILITY

WAC 392-171-381 Definition and eligibility criteria for developmentally handicapped. Definition and elgibility criteria for developmentally handicapped are as follows:

(1) As used in this chapter, the term "developmentally handicapped" shall mean children under the age of eligibility to the first grade who meet the definition and eligibility criteria for one of the following:
(a) WAC 392-171-382, Developmentally delayed;
(b) WAC 392-171-396, Orthopedically impaired;
(c) WAC 392-171-401, Health impaired;
(d) WAC 392-171-436, Deaf;
(e) WAC 392-171-441, Hard of hearing;
(f) WAC 392-171-446, Visually handicapped; and
(g) WAC 392-171-451, Deaf-blind;

(2) The term "developmentally handicapped" does not include children under the age of eligibility for entry to the first grade who qualify solely for communications disorder services under WAC 392-171-391. (Statutory Authority: RCW 28A.13.070(7). 84-14-036 (Order 84-__), sec. 392-171-381, filed 6/28/84; 80-11-054 (Order __-31), sec. 392-171-381, filed 8/19/80.)

WAC 392-171-382 Definition and eligibility criteria for developmentally delayed. Definition and eligibility criteria for developmentally delayed are as follows:

(1) Developmentally delayed, birth to three years. As used in this chapter, the term "developmentally delayed, birth to three years" shall mean those children under three years of age who demonstrate a 1.5 standard deviation or twenty-five percent delay in the developmental delay area of cognitive (WAC 392-171-383(1)), communication (WAC 392-171-383(2)), fine motor (WAC 392-171-383(3)), gross motor (WC 392-171-383(4)), or motor which for the purpose of this section shall be a combined delay area of fine motor (WAC 392-171-383(3)) and gross motor (WAC 392-171-383(4)). Such children in order to continue to be eligible for special education and related services after reaching three years of age shall meet the entry eligibility criteria for developmentally delayed, three to six years or one of the other eligibility criteria specified in WAC 392-171-381.

(2) Developmentally delayed, three to six years. As used in this chapter, the term "developmentally delayed, three to six years" shall mean those children between three years and the age of eligibility for entry to the first grade who receive a score on a standardized norm referenced test, with a test-retest or split-half reliability of .80 that is at least:
(a) Two standard deviations below the mean in one or more of the five developmental delay areas defined in WAC 392-171-383; or
(b) One and one-half standard deviations below the mean in two or more of the five developmental delay areas defined in WAC 392-171-383. (Statutory Authority: RCW 28A.13.070(7). 84-14-036 (Order 84-19), sec. 392-171-382, filed 6/28/84.)

WAC 392-171-383 Areas of developmental delay—Definition. The five developmental delay areas for the purpose of applying eligibility criteria to developmentally delayed children are:

(1) Cognitive: Comprehending, remembering, and making sense out of one's experience. Cognitive ability is the ability to think and is often thought of in terms of intelligence;

(2) Communication: The ability to effectively use or understand, age-appropriate language, including vocabulary, grammar, and speech sounds;

(3) Fine motor: Motor skills requiring precise, coordinated use of the small muscles;

(4) Gross motor: Motor skills used for body control such as standing, walking, balance and climbing; and

(5) Social/emotional: The ability to develop and maintain functional interpersonal relationships and to exhibit age appropriate social and emotional behaviors. (Statutory Authority: RCW 28A.13.070(7). 84-14-036 (Order 84-19), sec. 392-171-383, filed 6/28/84.)

WAC 392-171-382 (include relevant portions here, excluding birth to 3 information)

Categorical Eligibility

> **RATIONALE**
>
> The use of similar eligibility categories for both preschool age students and grade school age students will allow an easier transition between the two systems.

Children between birth the age of eligibility for entry into first grade are eligible for special education services if they qualify under any of the following categories:

1. **Orthopedically Impaired:** Children who lack normal function of muscles, joints, or bones due to congenital anomaly, disease, or permanent injury, to the degree that the condition adversely affects educational performance.

2. **Health Impaired:** Children who have chronic or acute health problems such as congenital heart defect, disorders of the cardiorespiratory systems, epilepsy, or other profound health circumstances which adversely affect educational performance.

3. **Deaf:** Children who have a documented hearing impairment which is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, and which adversely affects educational performance.

4. **Hard of Hearing:** Children who have a hearing impairment, either permanent or fluctuating, which adversely affects educational performance.

7. **Visually Handicapped:** Children who have a visual impairment which, even with correction, adversely affects educational performance.

8. **Developmentally Delayed:**

   a. Children 3 to 8 years who receive a score on a standardized, norm referenced test (with a test-retest or split-half reliability of at least .80) that is:

      1. At least two (2) standard deviations below the mean in one or more of the five skill areas of gross motor, fine motor, language, cognition, or social/emotional, or

      2. At least one and one-half (1.5) standard deviations below the mean in two or more of the five skill areas.

   b. Children under 3 years old who demonstrate a 1.5 standard deviation delay or 25% delay from chronological age in one or more of the following areas: Cognition, motor (gross and/or fine), language.

*Tests used to establish eligibility for children under 3 years must be professionally recognized, standardized tests.

(Additional information regarding eligibility and provision of services for children under 3 will be distributed to districts under separate cover after publication of this manual.)

*The requirement that tests be standardized and have a reliability level of at least .80 (for the category of developmental delay) helps ensure that children are being identified accurately. Tests which are not standardized cannot provide precise information about how a child performs in relation to peers. Tests which have poor reliability may identify a child as eligible on one testing, but not on another. This would defeat the purpose of the assessment procedure: accurate identification of children who need special education services.

Using the criterion of "a delay of at least 1.5 standard deviations in two or more of the five areas (language, fine motor, gross motor, cognition, and social/emotional)" will allow services to be provided consistently to those students who are performing substantially below their peers. Approximately the same number of children will be served using this criterion as having been served in the past. This criterion, however, is more accurate than the use of a percentage of delay in developmental age. There will be fewer children misidentified as needing service when they actually don't, or not needing service when, in fact, they do.

The criterion of "a delay of 2 standard deviations in one or more areas" allows children to be served when they are markedly delayed in only one area. A score of two standard deviations below the mean on a test indicates the children would be functioning at approximately the bottom 2 percent of their peer group. A delay of this degree warrants service even though there are no other areas of deficit.

Chapter [illegible]

COMMUNICATION DISORDERED ONLY STUDENTS

Assessment

OAR [illegible] Definition and eligibility criteria for communication disordered. A student shall be considered to have a communication disorder if there is a documented communication disorder such as stuttering, voice disorder, language impairment, and/or impaired articulation which adversely affects a student's educational performance. The assessment procedures and eligibility standards outlined in this section apply to those students **whose only handicapping condition is a communication disorder.**

All students considered for initial placement in special education as Communication Disordered shall be assessed and determined eligible for special education and related services according to the following:

1. A current hearing screening report;

2. A current description of the level of educational or cognitive development as provided by the classroom teacher, or where available, by standardized tests in those areas affected by the speech and/or communication problem(s) including discussion of the existing or potential impact of the problem(s) on education performance; and

3. A current assessment of the level of speech and/or language development as measured by standardized tests or professionally recognized procedures, scales, or checklists appropriate to the student's age level and mode of communication, individually administered, and which considers the student's sex, dialect norms, social-cultural environment, and behaviors. Provided, that for children under the age of eligibility for entry to the first grade the assessment shall include developmental acquisition of speech and language. Such measures shall result in one or more of the following findings that the student:

(a) Achieves a rating of moderate or severe on a standardized articulation test that yields a severity rating and/or misarticulates in comparison to developmental norms five or more developed phonemes each in two or more positions (initial, medial, or final) for children under the age of eligibility for entry to the first grade, three or more developed phonemes for students age six through age seven, or one or more for students over age seven, with consideration given to the student's speech intelligibility, physical ability, and/or therapy history.

(b) Has a delay in receptive and/or expressive language such that functioning is one year or more below chronological age for students up through age eight or functioning is two-thirds of chronological age or below for students over age eight.

(c) Has interruptions or dysfluencies in more than one speaking situation such as repetitions, prolongations, blockages in flow of speech, struggle, or avoidance behaviors which interfere with communication or are inconsistent with age or development.

(4) Has a deviation in voice quality, pitch, or loudness characterized by abusive vocal habits, or interferences with communication, or is inconsistent with age or development, or demonstrates chronic hoarseness

RATIONALE

Children under the age of eligibility for entry to the first grade and who do not meet the definition and eligibility criteria for one of the following:

HAR [illegible] Deaf
HAR [illegible] Hard of Hearing
HAR [illegible] Visually Handicapped
HAR [illegible] Deaf-Blind

may be eligible as a Communication Disordered Only student. (HAR [illegible]).

A handicapped child under the age of eligibility for entry into the first grade and who does not meet the eligibility criteria for HAR [illegible], and who is displaying mild to moderate speech and/or language delays may be eligible to receive service as a Communication Disordered Only student.

The basic intent in including this child in the CD category is to distinguish between the child who displays speech and/or language problems exclusively from the child who displays speech and/or language problems in addition to delays in the gross motor, fine motor, social/emotional or cognitive areas. The attempt is to identify the student whose primary "handicap" is in the area of communication, and further to identify the student who would benefit from receiving only the services of a SHS.

As stated in the Proposed Subsection House Bill No. [illegible] (adopted February [illegible]), Section [illegible], "Articulation problems and mild language delays unaccompanied by significant delays in other developmental areas shall be treated as Communication Disordered under HAR [illegible] and not as developmental handicaps under HAR [illegible]." It is clear from this statement that legislative intent is to separate the "Communication Disordered Only" preschool child from the Developmentally Handicapped child who has more significant delays. Children who have marked delays in language development (2 standard deviations or more below the mean), however, may still qualify as Developmentally Handicapped even though this is the only area of deficit (see Eligibility Chapter [illegible]).

APPENDIX 6

REFERRAL AND PLACEMENT

SUGGESTED CRITERIA FOR REFERRAL FOR SCHOOL DISTRICT ASSESSMENT

1) Child has met referral criteria of a norm-referenced developmental screening instrument in both initial and re-screening.

2) After classroom or home observation (at least one month) child has not adapted to routines or management.

3) Child's speech is unintelligible at age 4.

4) Child is delayed by one or more years in one or more developmental areas according to developmental assessment.

5) Child exhibits rate of learning that perpetuates indicated delay (i.e. - suspected delays do not "catch-up" or doesn't seem to "catch-on" to skills after instruction.)

6) Sensory deficit is apparent (by medical or other exam) and child's problem cannot be relieved by medical means (i.e. - surgery, corrective lenses, hearing aid.)

INFORMATION TO INCLUDE IN A FOCUS OF CONCERN

HEAD START TO SCHOOL DISTRICT
(or other diagnostician)
(for assessment or services)

1) Identifying information.
2) Copy of permission for release of information (on district form.)
3) Clear explanation of the purpose including a detailed statement of the problem. Include information on any related problems and how they are currently being handled.
4) Available data including screening and assessment results, observations health records, medical and developmental histories, and previous evaluation reports.
5) Description of services child is currently receiving.
6) Specific question to be addressed.
7) Copy of diagnostic criteria.
8) Description of how information is to be used.

SCHOOL DISTRICT TO HEAD START
(for services, placement)

1) Statement of categorical eligibility including both WAC and Head Start categories.
2) Assessment summaries and summary analysis.
3) Individual Education Plan (if child is to receive concurrent services.)
4) Recommendations for Individual Education Plan (if child is Head Start eligible only.)
5) Description of service the child is currently receiving.

CONSIDERATIONS FOR PLACEMENT

1) Age of child
2) Handicapping condition
3) Related service needs
4) Level of functioning
5) Family concerns and involvement
6) Medical concerns
7) Geographic area
8) Socialization skills
9) Readiness for mainstreaming
10) Previous experience
11) Child/Family welfare concerns
12) Child Protective Service Involvement

READINESS FOR AN INTEGRATED SETTING

1) The child should be at least as old developmentally as the youngest non-handicapped child in the placement be considered.

2) The child should be able to sit within a group of children for 2-5 minutes.

3) The child should have no extreme behavior problems, such as a high frequency of self-abuse or self-stimulation. (Infrequent behavior problems, such as tantruming or aggression may be more effectively dealt with in an integrated setting.)

4) The child should have the ability to communicate basic needs, such as hunger, thirst, hurt, or toileting.

5) The child should have the ability to follow the most basic directions used, such as "stop", "come here".

APPENDIX 7

SAMPLE FORMS

The following set of forms represents a system for collecting and documenting the information needed by both Head Start and school districts throughout the process of serving a child with a handicapping condition. Beginning with recruitment of the child for the Head Start program, through referral, evaluation and assessment, IEP development, and on to transition, the use of common forms contributes to mutual understanding between cooperating agencies.

Although these forms are samples only, it is highly recommended that Head Start and school districts working together to provide needed services and support develop a mutual system for gathering and sharing of information.

HEADSTART

SAMPLE APPLICATION AND RECRUITMENT FORM

DATE ______ CHILD DEVELOPMENT PROGRAM ______ CHILD DEVELOPMENT CENTER ______ LANGUAGE SPOKEN AT HOME ______

CHILD'S NAME ______ ETHNICITY ______ SEX ______ BIRTHDATE ______ BIRTHPLACE ______

ADDRESS ______ TELEPHONE ______ OR NEAREST PHONE ______

MAILING ADDRESS IF DIFFERENT FROM ABOVE ______ CHILD'S MEDICAID NO. ______

FAMILY

		Occupation	Length of Employment
Father	______	______	______
Mother	______	______	______
Guardian	______		

Child lives with: Both parents ___ Father ___ Mother ___ Other ______

Other children in the family	At home	Sex	B.D.	School & Grade	Medicaid No.
______	______	______	______	______	______
______	______	______	______	______	______
______	______	______	______	______	______
______	______	______	______	______	______
______	______	______	______	______	______

(list others on reverse)

Others in the Household:	Relationship to Child:
______	______
______	______
______	______
______	______

Members of Household: TOTAL NUMBER ______

FAMILY INCOME

Father's work $______ No. of Hrs. ______ Mother's work $______ No. of Hrs. ______

Seasonal ______ Year Round ______ Seasonal ______ Year Round ______

Welfare $______ Social Security $______ V.A. Benefits $______

Military Benefits $______ Child Support $______ Other $______

Farm ____ Non Farm ____ If Farming, amount cleared last year $______

Food Stamps $______ Total Gross Annual Income $______

Explanation, if needed ______

Is the child developing (walking, talking, etc.) as fast as his brothers and sisters did at his age? ___ YES ___ NO

Explain ______

______

Does the child have any behaviors that make him particularly 'difficult' or cause major management problems? ___ YES ___ NO

Explain ______

______

Does the child have any of the following conditions?

___ Speech Impairment

___ Hearing Impairment/Deafness

___ Visual Impairment/Blindness

___ Health Impairments (specify) ______

___ Mental Retardation

___ Impairment of Motor Function

___ Severe Emotional Disturbance

FOR OFFICE USE ONLY

E. __________ N.T. __________ Date Accepted__________

W.L. __________ O.G. __________ Withdrew (date) __________

10% __________ T.Y. __________ Person/group making decision __________

I fully intend to enroll my child in the program if he/she is accepted. I agree to comply with the rules and regulations of the program he/she attends to the best of my ability. Incorrect information on this form might lead to dismissal of my child from the program.

__________ (Signature of Parent or Guardian) __________ Date

__________ (Signature of Recruitment Worker) __________ Date

Adapted from a form developed by Humanics Limited (Form CD-501-A)

CYFS - Resource Access Project (RAP)
Los Angeles, CA

19:3

GUIDANCE FOR RECRUITERS

Attached you will find a sample Application and Recruitment Form which includes questions used to determine eligibility for Head Start (e.g. income, age, etc.). The three highlighted questions are intended to provide some basic information about the child's development and to give recruiters a chance to identify children who may be at risk for having handicapping conditions.

Handicap Coordinators may wish to work with Social Services staff to develop training for recruiters based on this material.

IS THE CHILD DEVELOPING (WALKING, TALKING, ETC.) AS FAST AS HIS BROTHERS AND SISTERS DID AT HIS AGE? ____YES ____NO

If NO, alert Handicap Coordinator

Below is a list of basic developmental milestones and the average age at which they are achieved. If the parent feels that the child is not developing as fast as the child's brothers and sisters, you may want to ask a few specific questions about the child's current developmental skills.

Example: if the child is four years old, you might ask:

Does he ride a tricycle?

Does she speak in sentences? Can you give me an example?

Does the child feed himself? dress himself?

Some common developmental milestones for motor, language, and self help skills:

Most THREE year olds	walk forward and backward, run, jump, give their first name, use at least three word sentences feed themselves, help with dressing, are being toilet trained
Most FOUR year olds	pedal a tricycle, hop, catch a bounced ball give their age, speak in short complete sentences are toilet trained, feed themselves completely, wash independently
Most FIVE year olds	are independent in mobility: running, climbing, jumping, etc. name a few colors, tell stories, articulate most speech sounds need only minor help dressing, independent in other self help

---

DOES THE CHILD HAVE ANY BEHAVIORS THAT MAKE HIM PARTICULARLY DIFFICULT OR CAUSE MANAGMENT/DISCIPLINE PROBLEMS? ____YES ____NO

If YES, alert Handicap Coordinator

If the parent answers yes you will want to obtain more information about the specific behaviors that are a problem. In particular you will want to make special note in this area if the parent feels that the child is especially aggressive, destructive or withdrawn. In addition, you will want to find about the techniques the parent uses to deal with the child's behavior as well as how the child responds.

Example: What behaviors bother you most?

What bothers you most about this behavior?

What do you do when he acts like that?

Does that seem to work? What does he do?

DOES THE CHILD HAVE ANY OF THE FOLLOWING CONDITIONS?

If any conditions are checked, alert Handicap Coordinator

If the parent indicates that the child has a handicapping condition, you will want to let the parent know that Head Start provides special services to children with handicaps and that, with their permission, you will make sure that someone contacts them to discuss the special services that might be available for their child.

School Year of 1985-86

Center ____________________

Teacher ____________________

Head Start
Pre-Registration Eligibility Form

Child's Name ______________________________ Date of Birth ____________

Address ______________________________ Telephone Number ____________

Place a check mark in the box showing your family size. Place a check mark in the box showing your yearly gross family income (This income statement is based on the previous twelve months or the last calendar year, whichever is lowest.)

Circle the one showing your ethnic background: Black Caucasian Amer. Indian Other (specify) ____________

FAMILY SIZE		YEARLY GROSS FAMILY INCOME		FAMILY SIZE		YEARLY GROSS FAMILY INCOME	
☐	1	$ 5,250	☐	☐	7	$16,050	☐
☐	2	$ 7,050	☐	☐	8	$17,850	☐
☐	3	$ 8,650	☐	☐	9	$19,650	☐
☐	4	$10,650	☐	☐	10	$21,450	☐
☐	5	$12,450	☐	☐	11	$23,250	☐
☐	6	$14,250	☐	☐	12	$25,050	☐

We receive assistance from the following Department(s) of Social and Health Services:

ADC Grant ☐ Public Assistance ☐ Food Stamps ☐ Medical Coupons ☐

To the best of my knowledge the above information is correct. ______________________________
(Parent's Signature)

Date ____________ School Area ____________

Revised April 15, 1985. All other forms are outdated $ ________ Income Documentation ________ Verified By ________ No ________

CAI - 3 - Rev 4/85

HEAD START

HANDICAP DOCUMENTATION

CATEGORICAL DIAGNOSIS

Child: ______________________________ Center: ______________________________

D.O.B.: ____________________________

Parent (s): ____

____

Diagnostic evaluation results for the above named child indicated the following primary categorical placement:

____ Blind

____ Visual Impairment

____ Deaf

____ Hearing Impairment

____ Physical (Orthopedic Impairment)

____ Speech/Language Impairment

____ Health Impairment

____ Mental Retardation

____ Serious Emotional Disturbance

____ Specific Learning Disability

I understand that this categorical diagnosis is to be used for reporting purposes only.

Please describe specifics of child's diagnosis (i.e. - articulation disorder; Down's Syndrome; epilepsy; etc.) ____

____

____

What other categorical conditions were diagnosed as being secondary impairments?

____

____

What evaluative instruments were used to make this diagnosis? ____________________

____

____

Please comment as to the suitability of a Head Start Preschool Program for this child:

____

____

____
Signature (Diagnostician or Team Leader)

Diagnostic
Team
Members

____

____

____

____

HEAD START

HANDICAP DOCUMENTATION

FUNCTIONAL DIAGNOSIS

Child: ______________________________ Center: ______________________

D.O.B.: ______________________________

Parent(s): ____

____

Please describe the current level of functioning of the above named child in the following areas of development:

Cognitive: ____

____

Speech: ____

____

Language: ____

____

Gross Motor: ____

____

Fine Motor: ____

____

Behavior/Social: ____

____

Self Help: ____

____

Health: ____

____

Other: ____

____

Please describe specific needs of this child in the following areas:

Cognitive: ______________________________

____

Speech: ______________________________

____

Language: ______________________________

____

Gross Motor: ______________________________

____

Fine Motor: ______________________________

____

Behavior/Social: ______________________________

____

Self Help: ______________________________

____

Health: ______________________________

____

Other: ______________________________

____

Please describe any therapy/treatment that has been recommended: ______________

____

Other programs/professionals serving this child: ______________

____

____

____
Signature (Diagnostician or Team Leader)

Diagnostic
Team
Members

____

____

____

____

HEAD START/SCHOOL DISTRICT

PARENT QUESTIONAIRE

IDENTIFICATION:

Student Name:________________________________ Today's Date__________ Sex_____

Telephone No:______________ Student's Birthdate________________ Age__________

Address:____

Father's Name:_______________________ Age___ Occupation____________ Highest Gr Completed

Mother's Name:_______________________ Age___ Occupation____________ Highest Gr Completed

Siblings:

Brothers Name	Age	**Sisters** Name	Age

Child lives with: Both Parents_____ Mother____ Father____ Other______________

Number of Children Currently Living at Home______________________________

PREGNANCY and BIRTH:

Pregnancy	Yes	No	Birth	Yes	No
Adopted	___	___	Difficult Labor	___	___
Complications	___	___	Caesarean Delivery	___	___
High Temperature	___	___	Difficult Delivery	___	___
Threatened Miscarriage	___	___	Baby Premature	___	___
Illness or Injury	___	___	Baby Late	___	___
On Medication	___	___	Discolored at Delivery	___	___
Carried to Term	___	___	Difficulty Breathing	___	___
What Pregnancy for you was this child? ____________			Difficulty Sucking	___	___
			Difficulty Responding to light	___	___
			Difficulty Responding to sound	___	___
			Blood Incompatability	___	___

Child's Birth Weight: __________ lb.__________ oz.

MEDICAL HISTORY

Has this child ever been in the hospital or been seriously ill at home?

Yes____ No____

If yes, explain: ____________________

Has this child ever had a serious accident? Yes____ No____

If yes, describe: ____________________

When was the last time this child saw a doctor? ____________________

Whom ____________________ For what reason? ____________________

What was the highest fever this child ever had? ________ How long? ________

Do you notice or has a doctor reported any of the following in this child?

____Asthma
____Constipation
____Diarrhea
____Vomiting
____Frequent Coughs or Colds
____Needs Medication
____Fainting or loss of consciousness
____Head Injury
____Frequent Fevers

____Sinus Trouble
____Allergies
____Bed Wetting
____Soiling Pants
____Nose Bleeding
____Overtired or losing pep
____Headaches
____Nightmares

____Ear Infections
____Difficulty Sleeping
____Thumbsucking
____Nail Biting
____Seizures
____Heart Trouble
____Difficulty Hearing
____Difficulty Seeing (squints, blinks, rubs eyes)

Other medical problems (explain) ____________________

____

____

____

DEVELOPMENTAL HISTORY:

Hearing

	Yes	No
Does this child:		
1. seem to have difficulty hearing?	___	___
2. turn up the TV louder than other family members?	___	___
3. seem to favor one ear over the other?	___	___
4. Jump or appear to be more startled than others by a sudden noise?	___	___
5. seem to hear you if you talk in a whisper?	___	___
6. make you talk loudly or repeat frequently?	___	___
Has this child ever had any ear/hearing examination or treatment?	___	___

When ____________ Who ____________ Results ____________

Vision

Does this child:

	Yes	No
1. seem to have difficulty seeing small lines or pictures?		
2. seem to have a problem seeing things far away?		
3. squint?		
4. wear glasses or contact lenses?		
5. have eyes that turn in?		
6. have eyes that turn out?		

Has this child ever had a vision examination or treatment?

When________________ Who________________ Results________________

Language

At what age did this child begin to speak in -

Single words__________ 2 or 3 words togegher____________

Sentences________________

Is any language other than English spoken in the home? ____________

If so, What? ________________

Does this child:

	Yes	No	Don't Know
1. talk a lot?			
2. seem to speak as well as other children his own age?			
3. speak so you can understand him or her?			
4. speak so other adults can understand him or her?			
5. speak so other children understand him or her?			

Do you think this child has a problem:

	Yes	No	Don't Know
1. making sounds correctly?			
2. putting words together?			
3. with the way his or her voice sounds?			
4. repeating sounds or words too often?			
5. understanding or remembering what he is told?			

Gross and Fine Motor

Can this child:

	Yes	No	Don't Know
1. throw and catch a ball accurately?			
2. walk and run without tripping, falling down, or running into things?			
3. participate in group sports activities without difficulty?			
4. maintain balance sufficiently to roller skate, ride a bicycle, or skateboard?			
5. Move rhythmically in playing games, jumping rope, or dancing?			
6. Write or print legibly?			

Behavior Does this child:	Usually	Sometimes	Rarely	Never
1. Get along well with other children?				
2. Generally tell the truth?				
3. Seem to be a leader?				
4. Obey the rules you set for him/her?				
5. Obey the rules other adults set for him/her?				
6. Have temper tantrums?				
7. Get upset easily?				
8. Seem to be happy?				
9. Say "I can't" without trying?				
10. Pay attention to what you say or do?				
11. Seem to be unusually quiet?				
12. Seem to be able to concentrate on tasks?				
13. Seem to have any friends?				
14. Seem to be overly active when compared to other children his/her age?				
15. Physically hurt others or destroy objects?				
16. Take care of his/her own needs without much adult supervision?				
17. Carry out responsibility?				
18. Understand and follow directions?				
19. Seem unusually clumsy?				
20. Show imagination?				
21. Become anxious or nervous about new situations and/or people?				

Education:

Did and/or does this child:

1. Attend pre-school? ____ Where?____________________
   Comments____
2. Attend kindergarten? ____ Where?____________________
   Comments____
3. Repeat any grades? ____ If so, when?________________
   Comments____
4. Seem to like school? ____ Comments___________________
5. Receive special help in school? ____ If so, specify____________
   ____

Please comment on child's specific strenths and weaknesses in school as you see them:

____

____

____

____

____

Form completed by______________________________________

Relationship to child__________________________________

HEAD START/SCHOOL DISTRICT

PARENT PERMISSION FOR SCREENING

I give my permission for school district and Head Start to perform the following screenings with my child ______________________.
child's name

Physical Yes ___ No ___

Dental Yes ___ No ___

Hearing Yes ___ No ___

Vision Yes ___ No ___

Developmental including: Cognitive Yes ___ No ___

Fine Motor Yes ___ No ___

Gross Motor Yes ___ No ___

Speech & Language Yes ___ No ___

Observation of Behavior Yes ___ No ___

I understand that the screening team members will include:

________________________ ________________________

________________________ ________________________

________________________ ________________________

and that information will not be shared with anyone other than the screening team without my written permission.

In addition, I understand that the purpose of this screening is to determine only my child's potential needs and results will not be used to make a diagnosis or for my childs placement.

____
Parent Signature

____
Date

Searching for Children with Special Needs

HEAD START/SCHOOL DISTRICT

CHILDFIND

CHILD'S NAME____________________________

BOY___ GIRL___ DATE OF BIRTH____________________

ADDRESS____________________________

____________________ ZIP__________

TELEPHONE____________________________

ETHNIC (Optional):

Black___ American Indian___ Asian___ Refugee___ Hispanic___ White___

Name of Father:____________________ Name of Mother:____________________

CHILD IS LIVING WITH: Both Parents___ Mother___ Father___ Other___
Name(s) of Stepparent or Guardian____________________

Please list the names and dates of attendance for preschools, day care, or elementary programs which your child has attended:

NAME	DATES ATTENDED

Name the primary source(s) of medical care for your child:

	Name	City		
Child's Physician			Well Child Clinic	
Group Health			Emergency Room	
Other			Madigan (Active or Retired Military)	

How often has your child been examined by a physician in the past two years?

___1. More than three visits ___3. One visit
___2. Two or three visits ___4. No contact with a physician

Date of last physical examination:____________________

Has your child been examined by a dentist in the past year? YES___ NO___

PLEASE CHECK NO OR YES AND EXPLAIN IF YOUR CHILD HAS OR HAS HAD THE FOLLOWING:

1. Illnesses:

   a. Prolonged and frequent colds - NO___ YES___
      Ear infections - more than three in one year? NO___ YES___

   b. Does your child now have a cold or allergy? NO___ YES___
      Is your child currently under care for such illness? NO___ YES___

   c. Communicable diseases: (Underline those your child has had):

      Measles, Rubella, Mumps, Chicken Pox, Strep Throat, Scarlet Fever,

      Infectious Hepatitis, Other____________________

   e. Child HAS or HAD the following: Circle the appropriate item(s), and explain on the right. Name other doctors important in child's care.

      SKIN: Acne, Eczema____________________
      VISION: Glasses, Contacts____________________
      HEARING: Aids, Ear Infections____________________
      NOSE: Bleeding____________________
      MOUTH: Dental Decay, Braces____________________
      LUNGS: Asthma, Bronchitis____________________
      HEART: Congenital, Rheumatic____________________
      DIGESTIVE UPSETS (Underline those your child has often):
        Ulcer, Colitis, Vomiting, Diarrhea, Constipation, Stomach Cramps____________________
      ORTHOPEDIC: Fracture or Sprain, Scoliosis, Congenital Hip____________________
      NEUROLOGICAL: Convulsions, Meningitis, Cerebral Palsy____________________
      METABOLIC: Diabetes____________________
      BLOOD: Anemia, Sickle Cell Disease____________________
      ALLERGIES: Food, Insect, Pollen, Contact, Drugs, Other (specify)____________________
      ____

over

2. HOSPITALIZATION(S): YEAR & REASON ____________ OPERATION(S) YEAR & REASON ____________

3. EARLY HISTORY: Birth Weight____________
Please describe any problems with pregnancy or delivery and any health problems immediately after birth:____________

4. IS OR HAS THERE BEEN ANY ILLNESS OR HANDICAP, OR OTHER SITUATION WHICH MIGHT AFFECT PERFORMANCE? (Please explain)
____

5. DOES CHILD TAKE ANY MEDICATIONS ROUTINELY OR FOR SPECIFIC PURPOSES AS FOR ALLERGIES, HYPERACTIVITY, DIABETES, SEIZURES, ETC? No____ Yes____
EXPLAIN:____________

6. PLEASE INDICATE WITH AN X IF YOU HAVE CONCERNS ABOUT YOUR CHILD IN ANY OF THE FOLLOWING AREAS:

_____Speech/Language
_____Hearing
_____Eating Habits
_____Intellectual Development
_____Small Muscle Development
_____Large Muscle Development
_____Health
_____Other (explain)________

_____Vision
_____Dental
_____Behavior (examples: overly active, difficult to discipline, short attention span, aggressive, shy or withdrawn, overly dependent, fearful, negative)
PLEASE EXPLAIN:____________

7. HAS YOUR CHILD BEEN EVALUATED FOR ANY OF THE ABOVE? YES____ NO____ If Yes, by whom?
____________ When?____________

8. HAVE YOUR DISCUSSED ANY OF YOUR CONCERNS WITH YOUR PHYSICIAN? Yes____ No____
IF SO, DID HE/SHE MAKE ANY RECOMMENDATIONS?____________

8. HAS ANYONE ELSE VOICED CONCERNS ABOUT YOUR CHILD (e.g. preschool teachers, day care staff, friends, relatives)? Yes____ No____ IF SO, EXPLAIN:____________

PARENTAL CONSENT

I understand that the major purpose of the screening clinic is to identify the possibility of any problems which might affect my child's success in school. I also understand that further screening and assessment may be necessary if there are concerns about my child's development. I would like my child to participate in the screening clinic on (date)____________ and to be rescreened as needed.

I also grant permission to release information from the screening to: my child's physician YES____ NO____; other appropriate professionals including school personnel and Health Department personnel YES____ NO____.

____
Name of Person Providing Information

____
Relationship to Child

____
DATE

Special Education
Office Use Only
Date Received__________

HEAD START/School District
Special Education Department

FOCUS OF CONCERN
WAC 392-171-035

State law allows any interested person to make a student a focus of concern. The purpose for making a student a focus of concern is to initiate the referral procedure for consideration of eligibility for Special Education. A student cannot be evaluated by special education personnel without reasonable evidence to suspect a handicapping condition.

Student______________________________ Birthdate______________

Parent(s)/Legal Guardian______________________________________

Address________________________________ Telephone______________

School________________ Teacher________________ Grade__________

Reason(s) for Referral (Be as specific as possible. Include all evidence that will support your opinion that this student has a suspected handicapping condition. Examples: academic test scores, behavioral deficits, health problems)

District referral procedures require school personnel who make a student a focus of concern to contact the parent(s) and inform them that they are referring their child for possible assessment. My signature verifies that I am the source of this referral and the parents are aware their child has been made a focus of concern. Enclose the students cumulative records and health cards with this referral.

Date________________________ Signature________________________

HEAD START/School District

PARENT NOTIFICATION OF REFERRAL TO SPECIAL EDUCATION

Dear ______________________________:

____ has been referred by ____ for possible assessment to determine eligibility for special education services. The special education personnel will review the referral and make a decision regarding the need for further assessment within 15 school days. You will be contacted within 10 school days after the decision has been made.

Since you have been informed of the reasons for this referral previous to this letter, we hope this letter causes no unnecessary concern on your part. This letter is required by federal and state rules and regulations and is an attempt to keep you fully informed of your child's educational status.

If you have any questions, please contact me by telephone at

__________________________.

Sincerely,

__________________________________ Signature

__________________________________ Position

__________________________________ Building

__________________________________ Date

HEAD START/School District

PARENT NOTIFICATION
(DECISION TO ASSESS)

Dear ______________________________:
Parent/Guardian

This letter is to inform you that the referral of your child, ___________ ______________________________, to special services has been reviewed. A decision has been made that an assessment is necessary. We have collected and/or examined existing school records. The following areas have been considered in making this decision.

Procedures	Academic Achievement	Social Adjustment	Physical Status
Classroom Records			
Other School Records			
Test Results			
Teacher Interview Information			
Observation Information			
Parent Interview Information			
Other			

The decision to provide assessment services was made by:

____ ____________________
Name Position Date

The following options to this action were considered: ____________________

____

Those options were rejected because: ___________________________________

____

Your written consent is required before assessment can proceed. You also have several due process rights and procedures which are presented to you at this time under a separate enclosure.

Special Education
Office Use Only

Date Received________

HEAD START/School District

PARENT CONSENT FOR ASSESSMENT

Student______________________________ Date__________________

Dear____________________:

This is to request your permission to conduct an assessment of your child. This assessment cannot be undertaken without your signed permission. Please sign and return this form by mail to the following address:

The proposed assessment may include most of, but not necessarily all of, the following procedures:

1. A review of existing school records, interviews, observations and testing.
2. Individually administered tests by special education personnel. These tests may include any combination of achievement, intelligence, language, perceptual motor, and or projective tests.

The assessment findings will be used to develop an educational program for you child. However, the assessment information and proposed educational program will be discussed with you before any changes are made.

A summary of safeguards and due process are included or attached to this form. Please review those rights and call the special education office if you have any questions or concerns.

My signature verifies I have received a copy of safeguards and due process rights and that I give permission to conduct an assessment as described.

____
Parent/Guardian's Signature

____
Date

* *

If you decide not to give permission for assessment, please sign your name in the space below.

____
Parent/Guardian's Signature

HEAD START/SCHOOL DISTRICT

I grant permission for my child, ______________________ to be placed on a temporary basis, in the Special Education classroom at ______________________ school for diagnostic purposes. I understand that my child's Special Education teacher will be ______________________ and that services will be provided for ________ hours per week for a period not to exceed thirty (30) school days.

My rights and responsibilities have been explained to me in a manner which I fully understand.

____
Parent Signature

____
District Representative

____
Date

HEAD START/SCHOOL DISTRICT

Dear ____:

I am enclosing a packet of materials for your information as required by Federal and/or State Rules and Regulations. As the parent notification form indicates, we are recommending that your child be assessed by special education personnel. This decision means the school wants to assess (test) your child in order to develop a more appropriate educational program. In order for the assessment to begin, we are legally required to have your signed permission. Please sign the enclosed parent-consent form and complete the parent questionnaire. Return both in the enclosed self-addressed envelope.

All referrals for special education assessment require school districts to closely follow Federal and State regulations pertaining to due process and procedural safeguards for students and parents. These constitutional guarantees require school districts to document in writing many procedural steps that previously were completed informally.

Please bear with us during this process. We will make every attempt to meet the educational needs of your child in as timely a manner as possible.

Sincerely,

Special Education Department

HEAD START/SCHOOL DISTRICT

Summary of Safeguards and Due Process

The following is a summary of your rights according to federal and state rules and regulations. The intent of these rules and regulations is to insure that the district fully informs you concerning decisions about your child's school program and your rights if you disagree with any of those decisions. Specific rules and regulations are found in the state Superintendent of Public Instruction's special education rules (WAC 392-171) and are noted below. If you would like a complete set and/or explanation of state regulations regarding education of students in need of special services, please contact:

______________________________ at ______________________________ .

1. **Right to consent or refuse to consent to initial assessment.**
(WAC 392-171-341 through 366 and 511)

The school district must obtain your written permission before assessing your child for possible special education services. The district must inform you of the proposed test(s) and/or procedure(s) it will use. You may also request that these tests and procedures be explained to you. More than one test or procedure must be used for determining the appropriate educational program for your child. In addition, your child must be reassessed at least once every three years, or more frequently if conditions warrant it or if requested.

2. **Right to obtain an independent assessment.**
(WAC 392-171-371)

If you do not feel the school's assessment is fair or accurate, you may request an educational assessment from an agency or professional outside the school at the school's expense. The school, however, may request a hearing if you challenge its evaluation. If the hearing officer rules in favor of the school, you still have the right to obtain an independent assessment at your own expense. You may introduce the results of an independently obtained assessment for consideration by the district in determining your child's school program.

3. **Right to consent or refuse to consent to initial placement.**
(WAC 392-171-466; 481; and 486)

The school district must obtain your written permission before placing your child in special education, unless otherwise ordered after a due process hearing. The district must maintain a variety of program settings which allow your child to participate in regular school programs with nonhandicapped students to the maximum extent appropriate for his/her educational needs.

4. **Right to receive prior written notice.**
(WAC 392-171-521 and 526)

The school district must give you prior written notice of any proposed change in your child's identification, assessment, educational placement, or the provision of special education or related services. The notice must include the following information in your native language:

(a) a full explanation of your procedural safeguards;
(b) what action the district is proposing or refusing to take and the reason for that action;
(c) a description of each test or report the district used as a basis for the proposal or refusal; and
(d) options the district considered as alternatives to proposed actions and why those options were rejected.

5. **Right to review school records.**
(WAC 392-171-586; 591; 631)

You, or your representative, have the right to examine and have explained all school records related to your child. If you feel certain records are inaccurate or misleading, you may ask that they be changed or removed from your child's file.

The school district must obtain your consent, or, in certain situations, provide you prior notice before it (a) releases personally identifiable information to anyone other than educational personnel, or (b) uses the information for any purpose other than that for which it is/was collected. The district must notify you when either condition (a) or (b) occurs.

6. **Right to request an impartial due process hearing.**
(WAC 392-171-531; 536; 551 through 556; and 576)

If at any time you do not agree with the school's actions or proposed actions concerning the identification, evaluation, educational placement, or provision of special education and related services to your child, you have the right to request an impartial due process hearing. You must submit a written request to the school district for a hearing.

If you request a hearing:

(a) The hearing will be conducted by an impartial hearing officer selected by the district who is neither employed by the district nor has an interest in the outcome of the hearing.
(b) You may file an objection to the selected hearing officer if you feel the officer may be biased.
(c) The hearing will be conducted at the district's expense.

(d) You may be accompanied by an attorney and/or other persons at your expense during the hearing; however, the district must inform you of any free or low cost legal or other relevant services available so that you may be represented at the hearing by trained counsel, if you so desire.

(e) During the hearing, you will have the right to present evidence and to confront, cross-examine and compel the attendance of witnesses.

(f) You have the right to open the hearing to the public.

(g) Your child may be present at the hearing if you desire.

(h) Your child will remain in his/her current educational placement during the pendency of any administrative or judicial proceedings; or if applying for initial admission to public school, the child will be placed in school with your consent except if the child's conduct constitutes imminent danger to the health and safety of the child or others.

(i) A final decision must be reached no later than 45 days after the date of receipt of request for a hearing and you may request a record of the hearing which will be provided at your expense.

(j) Any party aggrieved by the findings and decision in a hearing may appeal to the Superintendent of Public Instruction no later than 30 days after the date upon which the decision was provided to the appealing party.

7. **Right to attend a meeting with school officials to develop and review annually an individual education program (IEP) and placement for your child.**
(WAC 392-171-456; 461; and 511)

You have the right to attend a meeting with school staff to develop or review your child's individual education program (IEP) and school placement. The school district must notify you of the IEP meeting early enough for you to attend and schedule the meeting at a mutually agreed upon time and place. The notice of the IEP meeting must include the purpose, time, location, and participants. If you cannot attend the IEP meeting, the district must use other methods to assure your participation, such as conference telephone calls. The meeting may be conducted without your attendance, but the district must keep a record of its attempts to arrange a mutually agreed upon time and place.

The IEP meeting must include the following participants:

(a) someone from the school district other than your child's teacher, who is qualified to provide or supervise special education programs;

(b) your child's regular classroom teacher or special education teacher or therapist;

(c) one or both parents (in the case of a nonadult student);

(d) the student, if he or she is an adult student (and the nonadult student, if appropriate);

(e) a member of your child's assessment team; and

(f) other individuals at the direction of the district, the parent, or the adult student.

The district must take whatever steps are necessary to assure that you understand the proceedings at the IEP meeting. This may include an interpreter for parents (or adult students) who are deaf or whose native language is not English.

Each IEP must include:

(a) your child's present levels of educational performance;

(b) annual goals and short-term instructional objectives;

(c) specific special education and related services, and the extent to which your child will participate in the regular education program;

(d) projected dates for beginning the services and anticipated duration of the services;

(e) appropriate objective criteria and evaluation procedures, and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being met.

The district must provide you with a copy of the IEP. These rules and regulations do not promise or guarantee that your child will meet the annual goals and short-term objectives.

The district must hold IEP meetings at least once a year to review and change as necessary your child's IEP and/or special education placement.

NOTE: Consent for initial assessment and placement is voluntary and may be withdrawn by parent or adult student at any time.

HEAD START/SCHOOL DISTRICT

PARENT AUTHORIZATION FOR EXCHANGE OF CONFIDENTIAL INFORMATION

To Agency/Practitioner:

____________________________________ Re: ______________________________

____________________________________ Birthdate: ________________________

____________________________________ School: ___________________________

____

I authorize the School District No. 10 and the above named agency/Practitioner to exchange any information of academic, sociological, psychological and medical nature on the above-named student. Any information shared will be treated in a professional and confidential manner.

Information received by the School District No. 10, will be placed in the student's record and will be available for inspection and review in accordance with the Family Educational Rights and Privacy Act of 1974.

The information shared will be used exclusively for the purposes of educational planning.

Thank you for your cooperation.

Signature ______________________________

________ TPS request

Address ______________________________

________ TPS send

Relationship to Child ______________________

Date ______________________________

Please send requested information to:

Central Files Attention: ____________________

PPS-SF - 1 9/78

HEAD START/SCHOOL DISTRICT

Pupil Personnel Services

MDT ASSESSMENT RECOMMENDATIONS

Check type ☐ Initial ☐ C.D. Only ☐ Other ______________________

The following student has been referred to Pupil Personnel Services because it is suspected that a handicapping condition may be interfering with success in school. Assessments may include, but not necessarily be limited to, the student's scholastic, physical, and adjustment status. Assessment staff may include, but not be limited to, the Teacher, School Nurse, Counselor, Social Worker, Psychologist, Audiologist, Occupational Therapist, Physical Therapist, Reading Teacher, Communication Disorders Specialist (Speech Therapist) and Principal.

Student's Name	Birthdate	Sex

Student Number	Grade	School	Referral Date

In order to determine whether such a condition exists and to plan the appropriate program and services for the student, the multidisciplinary team recommends that the following assessments be completed

☐ Psychological
☐ Social/Emotional
☐ Academic
☐ Language/Speech
☐ Health Screening
☐ Hearing Screening
☐ Vision Screening
☐ Adaptive Behavior
☐ Audiological
☐ Occupational Therapy
☐ Physical Therapy
☐ Vocational
☐ Observation 1
☐ Observation 2
☐ Classroom Observation
☐ Record of Interventions
☐ Other

Multidisciplinary Team

Name	Position

This form must be completed and distributed by the special education advisor as soon as the MDT has determined which assessments are needed. For students with a suspected communication disorder only, the C.D.S. will complete this form and sign as Special Education Advisor.

Special Education Advisor ______________________ Date __________
Print Name

PPS - SE - 22 - Rev. 11/83

HEAD START/SCHOOL DISTRICT

Regular Education Achievement Criterion

NAME:
SCHOOL:
GRADE:
TEACHER:

Birthdate:
C.A.

SUMMARY COMPLETED BY:

Signature, Title
Date

Current state regulations require written documentations from the classroom teacher verifying a significant academic achievement problem. Such documentation shall include:

(a) Student performance on daily work-

(b) Summary of past student performance-

(c) Group test results-

(d) Teacher observation and judgements -

(e) Performance on student learning objectives -

(f) Previous intervention attempts and the results obtained -

(g) Additional Comments (optional)

Assessment 9/84
Developmentally Delayed/
Developmentally Handicapped
WAC 392-171-351(6)

HEAD START/SCHOOL DISTRICT

Student's Name:________________________ BD:__/__/__ Age:____

Resident School District:____________________

FINE MOTOR DEVELOPMENT ASSESSMENT:

ASSESSMENT INSTRUMENTS:	DATE:	SCORE AND STANDARD DEVIATION: (indicate above or below mean)

SUMMARY AND RECOMMENDATIONS FOR EDUCATIONAL PROGRAMMING:

Signed:__________________ Title:__________________ Date:__________

Assessment 9/84
Developmentally Delayed/
Developmentally Handicapped
WAC 392-171-351(6)

HEAD START/SCHOOL DISTRICT

tudent's Name:______________________ BD:___/___/___ Age:____

Resident School District:____________________

GROSS MOTOR DEVELOPMENT ASSESSMENT:

ASSESSMENT INSTRUMENTS:	DATE:	SCORE AND STANDARD DEVIATION: (indicate above or below mean)

SUMMARY AND RECOMMENDATIONS FOR EDUCATIONAL PROGRAMMING:

igned:____________________ Title:____________________ Date:__________

Assessment 9/84
Developmentally Delayed/
Developmentally Handicapped
AC 392-171-351(6)

HEAD START/SCHOOL DISTRICT

Student's Name:______________________________ BD:__/__/__ Age:____

Resident School District:__________________

COMMUNICATION/LANGUAGE ASSESSMENT:

[ ] Receptive

[ ] Expressive

[ ] Articulation

ASSESSMENT INSTRUMENTS:	DATE:	SCORE AND STANDARD DEVIATION (indicate above or below mean)

SUMMARY AND RECOMMENDATIONS FOR EDUCATIONAL PROGRAMMING:

Signed:__________________ Title:__________________ Date:__________

Assessment 9/84
Developmentally Delayed/
Developmentally Handicapped
WAC 392-171-351(6)

HEAD START/SCHOOL DISTRICT

Student's Name: ______________________ BD: ___/___/___ Age: _____

Resident School District: ______________

SOCIAL/EMOTIONAL ASSESSMENT:

ASSESSMENT INSTRUMENTS:	DATE:	SCORE AND STANDARD DEVIATION: (indicate above or below mean)

SUMMARY AND RECOMMENDATIONS FOR EDUCATIONAL PROGRAMMING:

Signed: ______________ Title: ______________ Date: __________

Assessment 9/84
Developmentally Delayed/
Developmentally Handicapped
WAC 392-171-351(6)

HEAD START/SCHOOL DISTRICT

Student's Name:____________________________ BD:___/___/___ Age:_____

Resident School District:____________________

COGNITIVE/ACADEMIC ASSESSMENT:

ASSESSMENT INSTRUMENTS:	DATE:	SCORE AND STANDARD DEVIATION (indicate above or below mean)

SUMMARY AND RECOMMENDATIONS FOR EDUCATIONAL PROGRAMMING:

Signed:____________________ Title:____________________ Date:__________

HEAD START/SCHOOL DISTRICT

HEALTH ASSESSMENT SUMMARY

NAME:
SCHOOL:
GRADE:
TEACHER:

BIRTHDATE
C.A.:
CAG:

SUMMARY COMPLETED BY:

____
Signature   Title

HEARING:
Right ear ____________
Left ear ____________
Date screened ____________
Comments: ____________________
____
Reported by:

____
Name   Position

VISION:
Right eye ____________
Left eye ____________
Date screened ____________
Comments: ____________________
____
Reported by:

____
Name   Position

SIGNIFICANT MEDICAL FINDINGS:

OTHER:

EDUCATIONAL IMPLICATIONS:

Summary Analysis
of Assessment 9/84
Developmentally Delayed/
Developmentally Handicapped

HEAD START/SCHOOL DISTRICT

Student's Name:______________________ BD:___/___/___ Age:_____

Resident School District:__________________ Date:__________________

Finding category as per WAC 392-171-381 (Developmentally Handicapped)

Preschool WAC (check eligibility category)		Tests/Procedures
(a) WAC 392-171-382, Developmentally Delayed	_____	(1-5 as necessary)
(b) WAC 392-171-396, Orthopedically Impaired	_____	(8, 1, 5, 3, 4, 6, 7)
(c) WAC 392-171-401, Health Impaired	_____	(8, 1, 5, 6, 7)
(d) WAC 392-171-436, Deaf	_____	(8, 1, 5, 2, 7)
(e) WAC 392-171-441, Hard of Hearing	_____	(8, 1, 5, 2, 7)
(f) WAC 392-171-444, Visually Handicapped	_____	(8, 1, 5)
(g) WAC 392-171-451, Deaf-blind	_____	(8, 1, 5, 7, 2)

WAC 392-171-366 SUMMARY ANALYSIS OF ASSESSMENT RESULTS

List test(s) and Summarize Educational Needs	Date Administered	Test Results and Standard Deviation Above/Below Mean if Required
1) Cognitive/Academic:		
2) Communication/Language:		
3) Fine Motor:		
4) Gross Motor:		
5) Social/Emotional:		
6) Hearing: (screening for b, c)		
7) Vision: (screening for b, c, d, e)		
8) Medical/Audiological:		

DEVELOPMENTALLY DELAYED WAC 392-171-382 (check if appropriate)

Student scored at least 2 standard deviations below norm in 1 or more areas:

cognitive ____
fine motor ____
gross motor ____
communication ____
social/emotional ____

Student scored at least 1 1/2 standard deviations below norm in 2 or more areas:

cognitive ____
fine motor ____
gross motor ____
communication ____
social/emotional ____

MULTIDISCIPLINARY TEAM CONCLUSIONS

ADDITIONAL COMMENTS/RECONCILIATION OF INCONSISTENT OR CONTRADICTORY DATA

MEASUREMENT ERROR: CULTURAL, ENVIRONMENTAL, ECONOMIC OR BEHAVIORAL FACTORS

NATURE AND EXTENT OF SPECIAL EDUCATION NEED AND RELATED SERVICES

RECOMMENDATIONS TO IEP COMMITTEE; INCLUDING NEED FOR EXTENDED SCHOOL YEAR

PROFESSIONAL JUDGEMENT USED TO DETERMINE ELIGIBILITY

yes _____ MDT report attached

no _____

The Multidisciplinary team has concluded that the summary analysis of the assessment data, the statement of eligibility for special education services as defined by the Washington Administrative Code, and suggested educational programs and related services is an accurate representation of the student's needs.

	NAME:	TITLE:	DATE:
Team Leader:			

Asessment team member(s) not in agreement with assessment report.
separate statement attached)

DISTRICT DECISION

WAC 392-171-366 Student eligible for special education and related services
Finding category as per WAC 392-171-381. _____Yes _____No.

Signed:______________________________ Date:______________________________
Director, Special Services

HEAD START/SCHOOL DISTRICT

NOTICE THAT STUDENT IS NOT IN NEED OF FURTHER ASSESSMENT

____
Date

Dear______________________________
Parent/Guardian

In reference to the referral of your child as a focus of concern for special education services, we have had the opportunity to collect and examine existing school records and have determined that your child is not in need of further assessment. This determination is based on the following reason(s):

If you are dissatisfied with this decision, you may request a hearing by submitting a written notice of appeal to the school district within 30 days of receipt of this notice. If you have any questions regarding the termination of this referral or your rights, please call me at ________________ and I will be pleased to talk with you.

Sincerely,

______________________________ ______________________________
Signature Position Title

HEAD START/SCHOOL DISTRICT

REFERRAL FOR HEAD START SERVICES

The summary analysis of assessment results has been reviewed and based on the information provided below, the district has decided that the student is not in need of further assessment/is not eligible for District Services.

Child is eligible for Head Start Special Services in the category of:

Recommendation:

If additional information is available/needed please notify ______________________

__________________ at ____ to discuss

options for this child.

HEAD START/SCHOOL DISTRICT

NOTICE OF IEP MEETING

WAC 392-71-456

Dear ______________________________ School ______________________________

Your child's Individual Education Program (IEP) for the year is being developed, and this notice is to confirm our meeting date.

The purpose of the IEP meeting is to review your child's present level of functioning, decide upon annual goals and discuss specific services and placement options. The following school district personnel will be in attendance:

Name ______________________________ Position ____________________

Name ______________________________ Position ____________________

Name ______________________________ Position ____________________

Name ______________________________ Position ____________________

The IEP conference for ______________________________
(Student's Name)

has been scheduled for ____________________ , ____________________
Day Date

____________________ ______________________________
Time Location

If for some reason you are unable to attend, please call ______________________________
Special Education Advisor's name

at ____________________ so that we can make other arrangements.
Telephone Number

Sincerely,

____
Signature

____
Position

____
Date Sent

HEAD START/SCHOOL DISTRICT

DOCUMENTATION OF ATTEMPTS TO SCHEDULE IEP MEETINGS

Recorded below are attempts to schedule IEP meetings and inform ______________________ /
Parent/Guardian

______________________ of the purpose, participants, time and location of the meeting
Adult Student

regarding ______________________ a student at ______________________.
Student's full name School

Telephone calls (Date/Time) Responses

Signature ______________________
Position ______________________
Date ______________________

Home visits (Date/Time/Person(s)) Responses

Signature ______________________
Position ______________________
Date ______________________

Written notices (Date/Time) Responses

Signature ______________________
Position ______________________
Date ______________________

Comments

HEAD START/SCHOOL DISTRICT

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student ______________________________

School ______________________________ Projected review date ______________________________

I. SUMMARY OF PRESENT LEVELS OF PERFORMANCE	II. ANNUAL GOALS
ACADEMIC:	
SOCIAL ADAPTATION:	
PHYSICAL:	
PREVOCATIONAL/ VOCATION SKILLS:	
OTHER:	

Student ______________________________

III INSTRUCTIONAL OBJECTIVES

	Date initiated	Date completed
Goal# _____		
Goal # _____		

IV. SERVICE NEEDS

Service	Staff responsible	Estimated time/week	Start	End
Regular classroom				
Special education				
Support services				
Physical education regular____special___				

V. JUSTIFICATION FOR EDUCATIONAL ENVIRONMENT (Include justification for physical education placement, if special):

VI. IEP COMMITTEE MEMBERS

Name	Position
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________
______________________	______________________

My rights and responsibilities have been explained to me in a manner which I fully understand.

I have had the opportunity to participate in the development of this individualized education program.

I fully understand all programs and services listed above and give my permission for my child/ward to participate in these programs/services.

I have been informed that the objectives listed on this form are initial objectives and that the person(s) responsible for implementing the objectives will revise and/or add objectives in keeping with the student's progress toward the stated goals.

____

Parent/Guardian/Student's Signature Date

HEAD START/SCHOOL DISTRICT____

Addendum to IEP

Student Name: ____________________

Date of Birth: ____________________

Extended School Year (ESY) Consideration:

_______ No need for ESY assessment.

_______ Need for ESY should be assessed by the Multidisciplinary Team.

IEP Committee Members:

____________________ ____________________
Date

____

____

____

HEAD START/School District

NOTICE OF PLACEMENT

Student:______________________ Date:______________________

Dear______________________:

As a result of the Multidisciplinary Team meeting of ______________ (Date) the following educational placement was recommended for the above named student:

Program:______________________________________

Building:______________________________________

Date of Placement:__________ Hours in Program:__________per week

Other Options:______________________________________

____

Reason(s) Rejected:______________________________________

____

The above placement was recommended on the basis of the following tests or procedures:

____

____

____

____

____

If you have questions or concerns, please do no hesitate to contact me.

Sincerely,

Special Education Department

HEAD START/SCHOOL DISTRICT

NOTICE OF PROPOSED PROGRAM/PLACEMENT CHANGE

Student Number ______________________ School ______________________ Grade __________

Student's Name ____ Birthdate ______________

Parent's/Guardian's Name ____

Address ____ Telephone ______________

Date of Notice ____________________

The following change(s) to your child's program/placement are being recommended by the multidisciplinary team at

______________________________ .

____

____

____

____

____

____

These changes are being proposed for the following reason(s) ______________________________

____

____

____

____

The following program/placement options were considered and rejected

Option	Reason for Rejection

The following tests, reports, and procedures were used to make the program/placement change decision

____

____

____

____

____

Attached is a copy of a statement of your rights and responsibilities associated with these services. Please feel free to call ______________________ at ______________________ any time you have questions.

Special Education Advisor — Telephone Number

Program Administrator's Signature ______________________________ Date ______________

☐ Check if student is no longer on special education class rolls or case load.

Effective date ______________________

HEAD START/SCHOOL DISTRICT

NOTICE OF REASSESSMENT

Dear ______________________________ Student Number ________________________

We would like to inform you that a reassessment is being planned for ________________________
Student's Name

Such an evaluation assists ____________ in planning the appropriate special education program and services for your child.

The assessment which is planned

_______ is the three year reassessment required by Washington State Rules and Regulations

_______ has been requested by you

_______ has been requested by school personnel for the following reason(s)

____

____

The reassessment will include the following areas

☐ Psychological
☐ Social/Emotional
☐ Academic
☐ Language/Speech
☐ Health Screening/Physical
☐ Hearing Screening
☐ Vision
☐ Adaptive Behavior
☐ Audiology
☐ Occupational Therapy
☐ Physical Therapy
☐ Vocational
☐ Observation 1
☐ Observation 2
☐ Classroom Observation
☐ Other

The following options to the assessment were considered and rejected

Option	Reason for Rejection
☐ Not to reassess at this time	☐ Not in accordance with WAC 392-171-516
☐ Other ______________________	☐ Reassessment not needed at this time
	☐ Other ______________________

Once the assessment has been completed, the results will be shared with you and you will be asked to participate in planning the program and services which your child will receive. It is important that you are aware that you have certain rights regarding the identification, evaluation and placement of your child. These rights are outlined in the **Parent's Guide to Special Education** and **Summary of Safeguards** which you have received. It is the policy of the school district to inform and involve the parents in any action of this nature. Further, we want you to know that State school rules and regulations give you the right to accept or reject these services.

If you have any questions regarding the reassessment of your child, you may contact

______________________________ ______________________ ______________________
Special Education Advisor-print name Position Telephone

______________________________ ______________________________
School Date of mailing or delivery to parent

HEAD START/ SCHOOL DISTRICT
TRANSITION SUMMARY

Date Prepared ________ by ________

Child's Name ________ Birthdate ________ ChronologicalAge ________

Parent's Name ________

Address ________ Telephone ________

Current Placement ________ Work Phone ________

________ IEP Date: ________

Current levels of Functioning: list instrument used, date administered & results

A. Receptive Language ________

B. Expressive Language ________

C. Gross Motor ________

D. Fine Motor ________

E. Self-Help ________

F. Social ________

G. Cognitive ________

H. Curriculum ________

Related Services Received: Min./Wk. Therapist Suggest Educationally Related Services

CDS ________ ________
OT ________ ________
PT ________ ________

Medications: Yes ____ No ____ Type ________

Attendance: Regular ____ Inconsistent ________

Other Concerns: ________

____

Additional Information:
Transportation: ________
Behavior: ________

Vision Screening ________

Hearing Screening ________

PHYSICAN ________ PHONE ________

APPENDIX 8

APPLICATION FOR APPROVAL AS A NON-PUBLIC SCHOOL AGENCY

SPI
Superintendent of Public Instruction
DR. FRANK B. BROUILLET • OLD CAPITOL BLDG., OLYMPIA, WASH. 98504

TO: OSPI Regional Supervisor ______________________________

RE: Application for Approval of a Non-Public School Agency

Attached are a letter of transmittal from ____________________
(LEA)
and the SDSA from ____________________________; both of
(Non-public school agency)
which I have reviewed and approved.

____
(Director)

Educational Service District _____

Superintendent of Public Instruction
Division of Special Services
7510 Armstrong Street S.W.
Tumwater, WA 98504

APPLICATION FOR
APPROVAL OF NON-PUBLIC SCHOOL/AGENCY PROGRAMS
FOR HANDICAPPED CHILDREN
LETTER OF TRANSMITTAL

______________________________________ School District assures compliance with requirements of WAC 392-171-605, -610, and -615 in the establishment of contractual services for handicapped students and hereby requests the Office of the Superintendent of Public Instruction to submit for approval before the State Board of Education the following non-public school agency(ies).

Local district program placement options have been reviewed; due to the severity/uniqueness of the student's handicap, this district must seek placement in ____.
(name of non-public school agency

____
Superintendent's Signature

____
Date

Superintendent of Public Instruction
Division of Special Servic

APPLICATION FOR
APPROVAL OF NON-PUBLIC SCHOOL/AGENCY PROGRAMS
FOR HANDICAPPED CHILDREN

DATE ______________________

NAME OF SCHOOL/AGENCY ______________________

CORPORATE NAME (if any) ______________________

ADDRESS ______________________ CITY ______________ ZIP __________

TELEPHONE ______________ SCHOOL LOCATED IN ESD # ______ COUNTY __________

CHIEF ADMINISTRATOR OF SCHOOL/AGENCY ______________________

SCHOOL DISTRICT(S) REQUESTING SERVICE ______________________

PRIOR STATE BOARD APPROVAL TO PROVIDE SERVICES TO HANDICAPPED STUDENTS? YES ( ) NO ( )

IF YES, WHEN? ______________________

TOTAL CURRENT ENROLLMENT BY AGE:

	0-2	3-5	6-17	18-21
HANDICAPPED	____	____	____	____
NONHANDICAPPED	____	____	____	____

HANDICAPPED STUDENTS SERVED: (Check all that apply)

( ) Preschool Developmentally Handicapped
( ) Seriously Behaviorally Disabled
( ) Communication Disordered
( ) Orthopedically Impaired
( ) Mental Retardation - Mild
( ) Mental Retardation - Moderate
( ) Mental Retardation - Severe
( ) Health Impaired
( ) Specific Learning Disabled
( ) Multihandicapped
( ) Deaf
( ) Deaf-Blind
( ) Hard of Hearing
( ) Visually Handicapped

*ORGANIZATIONAL STRUCTURE: (Check all that apply)

( ) Religiously Affiliated
( ) Residential
( ) Day School
( ) ______________
( ) Developmental Center
( ) Vocational Training Center
( ) Hospital

*If your program is approved by another state agency, please indicate the name of that agency. Attach approval document to this application.

NAME OF AGENCY: ______________________

PROGRAM OFFERINGS: (Check all that apply)

( ) Physical Therapy
( ) Occupational Therapy
( ) Speech Therapy
( ) Self-help
( ) Language/Communication
( ) Reading
( ) Arithmetic/Mathematics
( ) Spelling/Writing
( ) Audiology
( ) Counseling Services
( ) Transportation
( ) ______________________

( ) Art
( ) Music
( ) Physical Education
( ) Vocational Training Career Dev.
( ) Psychological Service
( ) Recreation
( ) Parent Counseling/Training
( ) Medical and/or Health Services
( ) Orientation and Mobility Services
( ) Social Work
( ) ______________________
( ) ______________________

ANTICIPATED COST PER STUDENT FOR SERVICES CONTRACTED FOR LOCAL EDUCATION AGENCY:

1. Education cost including related services;

(a) Daily rate: ____________ Yearly (180 days) ____________

2. Other:

(a) Room & Board:

Daily rate: ____________ Yearly (180 days) ____________

(b) Other:

Daily rate: ____________ Yearly (180 days) ____________

Include a brief description of any unique characteristics of program/services not covered in this application:

CERTIFICATE OF COMPLIANCE
WITH STATE STANDARDS

STATE OF WASHINGTON)
) ss.
County of)

I, ______________________________, being first duly sworn on oath or affirmation, do hereby certify that I am the chief administrator of ____ school/agency; that said school/agency is located at ________________________________ Washington, ____________ (zip); and that said school/agency is scheduled to meet through the ________________ school year from ______________ to ______________, and meets the following standards with the exception only of such deviations as are set forth below:

1. The non public school/agency upon State Board approval, will enter into a contract with public school districts requesting placement of handicapped students as set forth in WAC 392-171-501 (2,et.al.) as now or hereafter amended;

____

____

____

____

2. The school's/agency's program includes instruction and or related services of sufficient scope to meet the needs of handicapped students as identified on individualized education programs;

____

____

____

____

3. The school/agency reviews handicapped student individualized education programs at least annually or at the discretion of the public school district as per the meeting requirements of WAC 392-171-501 and WAC 392-171-450 as now or hereafter amended. The school or its organized district maintains up-to-date policy statements related to the administration and operation of the school/agency;

____

____

____

____

4. The minimum school year consists of no fewer than 180 school days (for all matters pertaining to teacher certification or for computing experience in teaching);

____

____

____

____

5. On each school day, pupils enrolled in the school are provided the opportunity to be engaged in education activity planned by and under the direction of the staff, as directed by the administration and governing board;

(a) Each school shall make available to students in grades one through three at least a total program hour offering of 2700 hours.
(b) Each private school shall make available to students in grades four through six at least a total program hour offering of 2970 hours.
(c) Each private school shall make available to students in grades seven and eight at least a total program hour offering of 1980 hours.
(d) Each private school shall make available to students in grades nine through twelve at least a total program hour offering of 4320 hours;

6. All classroom teachers hold appropriate Washington State certification. All teachers responsible for providing service to handicapped students posses "substantial professional training" and/or "successful prior experience" in an approved handicapped program as per WAC 392-171-701 as now or hereafter amended and support personnel meet standards established under the educational staff associates rules of the state board of education;

7. All non-certificated staff providing services to handicapped students possess either formal and/or adequate in-service training or successful experience in working with handicapped students;

8. Measures have been taken to safeguard all permanent records against loss or damage through either the storage of such records in fire-resistant containers or facilities, or the retention of duplicates in a separate and distinct area;

9. The physical facilities of the school are adequate to meet the program offered, and all school facilities and practices are in substantial compliance with reasonable health and fire safety standards, as substantiated by current inspection reports of appropriate health and fire safety officials which are on file in the chief administrator's office;

10. Each teacher has a valid health certificate required by law and issued by the state department of social and health services on file with the educational service district within which the school is located;

11. The school/agency meets requirements as set forth in section 504 of the 1973 rehabilitation act as amended;

(If additional comments regarding deviations are needed, please indicate number. Deviations from the above standards are, and to the best of my knowledge will be, as follows:)

(Signed)

(Address)

(Telephone number)

On this ______________ day of ________________, 19_____, ______________________

______________________________ (name) known to me to be the chief administrator of

____ (nonpublic school/agency) appeared before me and, having first been sworn on oath or affirmation, did subscribe to the foregoing.

NOTARY PUBLIC in and for the State of Wash-

LIST OF TEACHERS AND PERSONNEL

Enter names and information requested for each person providing service to handicapped students:

NAME	CERT. #	CERT. TYPE	DATE ISSUED	EXPIRATION DATE	CURRENTLY VALID?	GRADE LEVEL	SPECIAL EDUCATION QUALIFIED?

Additional or Auxiliary Personnel:

Name of School

Signature of Administrator

CERTIFICATION OF LOCAL HEALTH AND SAFETY ORDINANCE COMPLIANCE

This form is provided for your convenience and the convenience of local health department staff if you wish to use it to satisfy the requirements to meet reasonable standards of local health and safety ordinances. A letter from the appropriate official indicating compliance with health regulations is also satisfactory.

NAME OF SCHOOL ______________________________

ADDRESS ______________________________

TYPE OF BUILDING(S) ______________________________

SCHOOL LOCATED IN ESD # __________ ______________________

CHIEF SCHOOL ADMINISTRATOR ______________________________

On the basis of applicable health and safety regulations, I certify that the school building(s) identified above:

1. Is approved for occupancy during the school year 19____-____. ( )
2. Is provisionally approved for occupancy during the school year 19____-____. ( ) Provisional approval as herein granted is contingent upon correction of deficiencies by ______________(date) as stated in our letter (report) of ______________(date)
3. Is not approved for occupancy during the school year 19____-____. ( )

____
(Health Authority)

____
(Title)

____
(Date)

CERTIFICATION OF FIRE REGULATION COMPLIANCE

This form is provided for your convenience and the convenience of the appropriate fire authorities is you wish to use it to satisfy the requirements to meet reasonable standards of local fire safety codes. A letter from the appropriate fire official indicating compliance with safety codes is also satisfactory.

NAME OF SCHOOL____

ADDRESS____

TYPE OF BUILDINGS(S)___________________________________

SCHOOL LOCATED IN ESD #________________________________

CHIEF SCHOOL ADMINISTRATOR_____________________________

On the basis of applicable fire safety regulations, I certify that the school building(s) identified above:

1. Is approved for occupancy during the school year 19___-___ ( )
2. Is provisionally approved for occupancy during the school year 19___-___ ( )
   Provisional approval as herein granted is contingent upon correction of deficiencies by __________(date) as stated in our letter (report) of __________(date).
3. Is not approved for occupancy during the school year 19___-___ ( )

____
(Fire Authority)

____
(Title)

____
(Date)

NON-PUBLIC SCHOOL AGENCIES: PROGRAM REVIEW INSTRUMENT/GUIDE

Name of Agency________________________

Name of Contracting School Dist.________________________

Program Review Date(s)________________________

Program Reviewer(s)________________________

S=SATISFACTORY

U=UNSATISFACTORY

For SPI Use In Program Review

APPLICATION COMPONENT	CURRENT COMPLIANCE STATUS	COMPLIANCE INDICATORS & COMMENTS	CORRECTIVE ACTION REQUIRED
1. Contracts entered into with requesting school district		- Copy of contract	Develop a contract
2. Program includes instruction and services of sufficient scope to meet needs specified on IEPs		- IEP - Services provided	Provide appropriate program
3. Agency and local district review IEPs at least annually		- Documentation of joint annual IEP review - Documentation of on-going contact between agency & LEA	1. Develop & implement procedures 2. Maintain documentation
4. Minimum school year consists of no fewer than 180 school days		- School calendar - Contract states the number of days	Maintain a 180-day program
5. All classroom teachers hold appropriate Washington State certification and special education endorsement. All teachers responsible for providing service to handicapped students possess "substantial professional training" and/or "successful prior experience" in an approved handicapped program as per WAC 392-171-701 as now or hereafter amended and support personnel meet standards established under the educational staff association rules of the State Board of Education		- Check certification SPI	Employ spec. ed. qualified staff person

For SPI Use In Program Review

APPLICATION COMPONENT	CURRENT COMPLIANCE STATUS	COMPLIANCE INDICATORS & COMMNETS	CORRECTIVE ACTION REQUIRED
6. Each teacher has valid health certificate (as required by law and issued by the State Dept. of Social and Health Services) on file with the educational service district within which school district is located		- Health certificate on file at ESD	Obtain valid health certification
7. All noncertificated staff providing services to handicapped students possess adequate inservice training or successful experience in working with handicapped students		- Documentation of training - In-service training agenda - Successful experience	Develop a plan to train staff
8. Measures have been taken to safeguard all permanent records against loss or damage through either the storage of such records in fire-resistent containers or facilities, or retained in a separate and distinct area.		- Fire-resistence containers/facilities - Retention of duplicates	Safeguard records
9. Physicial facilities of school are adequate to meet the program needs and are in substantial compliance with reasonable health and fire safety standards		- Adequate facilities (space, light, ventilation) - Health & fire safety certification or documentation	Comply with standards

256

257

DATA COLLECTION SHEET

1. Facilities	Yes	No	Comments
. Fire extinguishers			
. Classroom size			
. Light and ventilation			
. Health standards			
. Locked file cabinets			
. Accessibility			

2. Brochure:

3. Contract: Beginning:__________ End:__________ Vacations: __________
(number of days)

4. School Contract:__________

5. Inservice:

	Speaker	Date	Audience
. Topic:__________			
. Topic:__________			
. Topic:__________			

6. Students:

	Present Levels of Performance	Goals	Objectives	Services	Team Date/Consent	Review Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

APPENDIX 9

SAMPLE HEAD START-SCHOOL DISTRICT AGREEMENT AND CONTRACT

Educational Service District No.121
1410 South 200th Street
Seattle, WA 98148 — (206) 242-9400 Seattle, (206) 922-1491 Tacoma
Dr. Doyle E. Winter
Superintendent

December 15, 1983

Dr. Largo A. Wales
Auburn School District No. 408
915 Fourth St. N.E.
Auburn, Wa. 98002

Dear Largo,

This is to confirm our understanding of the agreement reached on December 13.

Communication Disorders

1. ESD 121 will screen all Head Start children for communication disorders.
2. Children suspected of a communication disorder will be assessed by qualified ESD 121 staff, following WAC guidelines. If a child qualifies, a report and recommendations will be written and sent to Auburn School District for review by C.D.S.
3. ESD 121 will arrange the IEP meeting and will notify Sue Berglund, CDS at Evergreen Heights Elementary School, of time and date.
4. The IEP will be conducted according to WAC guidelines. The least restrictive environment and decision as to who will provide services will be determined at the IEP meeting. Options include:
   a. Child may remain in Head Start classroom with CDS being provided by Head Start.
   b. Child may remain in Head Start classroom with CDS being provided by Evergreen Heights CDS.
5. Whenever Head Start provides the speech therapy, the Auburn School District will assist ESD 121 in collection and disbursement of appropriate state and federal funds.
6. Speech Team aides with Bachelor's degree in Speech Pathology may conduct assessments and/or provide direct services to children if a qualified CDS is present in the same room.

Developmentally Handicapped

In this case, screening is done by the teacher, other staff or a combination of Head Start staff.

1. Children who are suspected of a handicapping condition will become a Focus of Concern prepared by Head Start staff according to the procedures of Auburn School District, using that school district's forms.
2. Auburn School District will follow the WAC guidelines, including notification to the Head Start teacher of the IEP meeting.

Board Chairman: George Ingle; Board Vice Chairman: Cheryl Graves; Board Members: Antonnia Barber, George Buck, Joyce Henning, Robert W. Mason, Jr., Anna L. Kapral, Anne Woldrem, Marjorie Swain

3. Auburn School District will provide all services.
4. The least restrictive environment will be determined at the IEP meeting and may be:
    a. Full time in Auburn School District handicapped classroom.
    b. Part time in Auburn School District handicapped classroom and part time in Head Start classroom.

It was also agreed that in the case where the child does not qualify by WAC guidelines and with parent permission, Auburn School District would allow Head Start personnel to review the Auburn School District's assessment to determine if the child qualifies under Head Start guidelines.

It was further agreed that these agreements should be reviewed in the spring of 1984 at a joint meeting of Auburn School District and ESD 121 representatives.

In conclusion, if this letter of agreement is satisfactory to you, would you please sign the enclosed copy and return it to our office.

Thank you for your assistance and cooperation in this matter.

Sincerely,

Bette Peterson

Bette Petersen
Program Director
ESD 121 Head Start

cc: Mr. Gary Pease
Mr. Joe Binetti
Mrs. Ruby Mollendore
Mr. George Sanders
Ms. Jean Corn
Ms. Judy Wilcox

Cooperative Agreement Between Joliet-Will County Community Action Agency, Head Start Program, and Joliet School District #86, Division of Special Services

Effective Dates: January 1, 1978 through June 30, 1978

This agreement, entered into this ______day of ___________, 197___, specifies the joint cooperative arrangements and activities for providing educational and support services to Head Start-eligible children with handicaps in the City of Joliet, Illinois. The arrangements and activities specified herein are mutually acceptable to, and hereby agreed upon by, both the Joliet-Will County Community Action Agency, Head Start Program, and the Joliet School District #86, Division of Special Services.

This agreement is being executed in light of the Congressional mandates (P.L. 92-424 and P.L. 93-644) requiring Head Start programs to recruit, enroll and provide services to handicapped pre-schoolers, as well as Illinois State Statutes and the recently passed federal legislation (P.L. 94-142) which makes school districts the prime responsibile authority for providing a free appropriate education to all handicapped children, ages three to twenty-one, in a least restrictive environment; it recognizes the necessity for cooperation and collaboration between Head Start programs and local school districts in implementing their respective legislative mandates.

Joliet School District #86, Division of Special Services, in fulfilling the terms of this cooperative agreement, agrees to do the following:

1.) Provide screening and diagnostic services.

   a.) all enrolled Head Start children shall be screened annually for possible handicapping conditions by the school district at the Head Start site.

   b.) further diagnostic testing shall be performed by the school district at the diagnostic clinic for all Head Start children identified through the screening as needing such further diagnostic testing. Such testing shall be performed in a timely fashion, but shall occur, at a maximum, within sixty (60) school days of the date of referral.

2.) Provide a full range of educational and support services to all identified, eligible handicapped three-to-five year olds who are dually enrolled in Head Start and the school district's pre-school program, K.E.E.P. (eg., speech therapy, physical/occupational therapy, special education, etc.).

   a.) the eligible, handicapped child shall attend Head Start in the morning and shall receive the special services from the public school in the afternoon at the Kennedy Early Education Program (K.E.E.P.).

   b.) transportation of the eligible, handicapped child to the Kennedy Early Education Program (K.E.E.P.) from the Head Start site, and from K.E.E.P. to the child's home, shall be the responsibility of the school district.

c.) developing an individualized education program (IEP) and determining realistic goals for the child shall be the responsibility of the school district; the IEP and goals for each child dually enrolled shall be shared with the Head Start staff and the district personnel shall provide guidance to Head Start staff in implementing an appropriate morning program for the child consistent with the IEP and his/her realistic goals.

d.) educational programming for the child in the afternoon at the K.E.E.P. center shall be the responsibility of the school district.

3.) Engage in coordinating efforts with Head Start staff in planning for identified, eligible handicapped three-to-five year olds who are enrolled only in the Head Start program, for the purpose of preparing for a smooth transition of the child from the Head Start program to the public school.

a.) appropriate school district staff shall take part in developing the IEP and determining realistic goals for the child in a multidisciplinary staffing convened by the Head Start program; this district staff shall provide guidance to Head Start staff in designing an appropriate program for the child consistent with the IEP and his/her realistic goals.

b.) the school district shall count the Head Start-only-enrolled child in its annual "child count" if an IEP has been developed for the child in accordance with 3a above.

4.) Provide in-service training to Head Start staff on specific techniques in working with all enrolled handicapped children and provide, on a lending basis to Head Start, various materials, audio-visual presentations and in-service training packages appropriate for assisting staff who work with handicapped three-to-five year olds.

Joliet-Will County Community Action Agency, Head Start Program, in fulfilling the terms of this cooperative agreement, agrees to do the following:

1.) Refer to the local school district all Head Start children suspected as eligible for special educational and support services.

2.) Assist in the screening process at the Head Start site as required and requested by the school district's screening team.

3.) Assist the school district's coordinator when necessary in setting up and following through with clinic appointments for further diagnostic testing.

4.) Provide a comprehensive early childhood developmental program - with a full complement of social services, health (including medical, dental and mental) services, nutrition education and nutritious meals and snacks, and parental involvement activities - to all enrolled three-to-five year old children with handicaps in a least restrictive, mainstreamed environment.

a.) those children dually enrolled in Head Start and in the school district shall attend Head Start in the morning and receive special educational and support services from the public school in the afternoon at the Kennedy Early Education Program.

b.) transportation from home to the Head Start center in the morning, morning programming and activities, and the provision of lunch for all Head Start handicapped children shall be the responsibility of the Head Start program.

c.) Head Start shall be responsible for reporting to the school district on the progress of dually enrolled children.

d.) Head Start staff shall assist in transitioning those handicapped children not dually enrolled in the district into the public school system of special services, upon their leaving the Head Start program. This shall include, but not be limited to, providing information to the district on the current functioning of the child, the progress the child has made, and any pertinent techniques and precautions in working with the child, as well as informing the child's parents of the services available through the public schools.

5.) Abide by confidentiality and parental permission procedures in regards to the records of all Head Start children with handicaps, as prescribed by the school district, Division of Special Services.

6.) Assist the school district in implementing any "child find" activities in the Head Start service areas.

This agreement, upon its signatory parties signing below, shall not constitute a legal obligation on the part of either party to engage in the activities contained herein; however, it establishes a framework for cooperative interaction between Joliet-Will County Community Action Agency, Head Start Program, and Joliet School District #86, Division of Special Services, for providing educational and support services to Head Start-eligible children with handicaps, and it should be viewed as the formal document which governs the ongoing, working relationship between the Joliet Head Start Program and the Joliet School District for the period January 1, 1978, through June 30, 1979.

Edmund Parpart, Superintendent
Joliet Public Schools, District #86

Doris Dalton, Executive Direct
Joliet-Will County Community
Action Agency

Martin Kinert, Assistant Superintendent
Division of Special Services
Joliet Public Schools, District #86

Ethel Cain, Director
Head Start Program,
Joliet-Will County Community
Action Agency

DATE

DATE

SCHOOL DISTRICTS AGREEMENT

MEMORANDUM OF AGREEMENT

FOR

EDUCATION OF EXCEPTIONAL CHILDREN

This agreement made and entered into by Community Action Agency Head Start, located in Counties of Nez Perce, State of Idaho and Asotin, State of Washington, hereinafter referred to as the Educating and Administering District, and School District No. J 250-185 County of Asotin, State of Washington, hereinafter referred to as the Sending District, is for the school year 1979-80 beginning 9-10-79 and ending 6/1/80.

1. The Education and Administering District agrees to provide education, in accordance with the rules and regulations established by the State Board of Education as provided by Chapter 392-171, Washington Code, as amended, for the exceptional student listed in paragraph four of this agreement who is attending school in the Educating and Administering District. Paragraph four will list for the student (s) hours per day and days per week in the educational program provided.

2. The Educating and Administering District agrees to provide the Sending District a monthly progress report of each student and an annual statement of the progress made for the school year.

3. The Educating and Administering District further agrees to provide the Sending District with all information requested for evaluation, recommendations and reports with respect to the program provided for the student (s).

4. The eligible exceptional children who have been approved under the rules and regulations of the State Board of Education included in this agreement are as follows:

NAME (S)	DISTRICT NUMBER	DATE OF ADMITTANCE	LENGTH OF EDUCATIONAL PROG	
			Hours per Day	Days per w
	J250-185		4	4 - Class 1 - Home V

BEST COPY AVAILABLE

5. The Sending District agrees to pay the Educating and Administering District on or before June 10, 1980, $16.66 per 4 hour day per eligible exceptional child. A day is defined as a day enrolled rather than a day attended.

6. The Educating and Administering District and the Sending District agree to comply with and abide by all pertinent statutes of the State of Washington, and such rules and regulations as the State Board of Education may legally prescribe, which are, by reference incorporated in and made a part of this contract as though set forth herein at length.

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed in their names by their proper officials pursuant to approval by their respective boards.

For theeEducating and Administering District:	For the Sending District:
by ______________________________ Frances Paull Head Start Director	by ______________________________
Date ______________________________	Date ______________________________
By ______________________________ Jerry H. Hines Executive Director	
Date ______________________________	

APPENDIX 10

BIBLIOGRAPHY OF MATERIALS ON COLLABORATION

BIBLIOGRAPHY OF MATERIALS ON COLLABORATION

Elder, Jerry, Kazuk, Ellie, Magrab, Phyllis, Pelosi, John, and Wiegerink, Ronald. *Developing a Community Team.* U.S. Department of Health and Human Services, 1983.

Baxter, Susan, et al. *Implementation Guide for Early Childhood Special Education Programs.* Olympia, WA: Office of the Superintendent of Public Instruction, 1984.

Elder, Jerry and Magrab, Phyllis. *Coordinating Services to Handicapped Children: A Handbook for Interagency Collaboration.* Baltimore: Paul H. Brookes, 1980.

Guidelines for Developing Community Networks. Washington, D.C.: Association for the Care of Children's Health, 1983.

Head Start Linkages. Minneapolis, MN: Parents in Community Action, Inc., 1983.

Threet, Steve, et al. *Interagency Coordination: A Necessity in Rural Programs.* The Rural Network: Western Illinois University Press, 1981.

Haar, Davis. *Power Brokering in the Community.* Georgetown University Child Development Center, 1984.

Nelkin, Valerie. *Six State Collaborative Projects.* Chapel Hill, NC: Technical Assistance Development System, 1983.

Coordinating Human Services: New Strategies for Building Service Delivery Systems. San Francicso: Jossey-Bass, 1971.

Elder, Jerry and Magrab, Phyllis. *Planning for Services to Handicapped Persons: Community, Education, Health.* Baltimore: Paul H. Brookes, 1979.

Decker, C.A. and Decker, V.R. *Planning and Administration Early Childhood Programs.* Columbus, OH: Charles E. Merrill, 1976.

Hewes, D.W. *Administration: Making Programs Work for Children and Families.* Washington D.C.: National Association for the Education of Young Children, 1979.

Guralnick, M.J., et al. *Early Intervention and the Integration of Handicapped and Non-Handicapped Children.* Baltimore: University Park Press, 1978.

Allen, K.E., Holm, V.A., Schiefelbusch, R.L. *Early Intervention: A Team Approach.* Baltimore: University Park Press, 1978.

Magrab, Phyllis, Kazuk, Eleanor, and Green, Lorna. *Community Workbook for Collaborative Services to Preschool Handicapped Children.* American Association of University Affiliated Programs, 1981.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Human
Development Services

Region X
M/S [illegible]
2901 Third Avenue
Seattle WA 98121

RESOURCE ACCESS PROJECT
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

SPI
DR. FRANK B. BROUILLET
Superintendent of Public Instruction
Old Capitol Building FG-11 Olympia WA 98504